C+D

26 August 2006

Chemist+Druggist

www.dotpharmacy.com

NEW from Lyclear®

Let's SprayAway head lice

www.headliceadvice.net

HERITAGE

LYCLEAR®, makers of the best-selling head lice treatment[1], have added a unique new product to their range.

SPRAY

New LYCLEAR® SPRAYAWAY is the first spray treatment clinically proven to eradicate head lice and their eggs.

NO INSECTICIDES

LYCLEAR® SPRAYAWAY does not contain insecticides so lice can't become resistant. It's strict on lice but kind on kids.

15 minutes CONTACT TIME

It's easy-to-use - simply spray on and wash off after 15 minutes - great for fidgety kids!

VALUE FOR MONEY

New LYCLEAR® SPRAYAWAY contains up to 8 applications so with enough to treat the whole family, it provides great value for money.

TV BIG BUDGET TV CAMPAIGN

LYCLEAR® SPRAYAWAY will be heavily supported with TV and press advertising.

£ STOCK UP

Research has shown a high level of consumer interest[2] - stock up now! Contact your Chefaro representative for more information, or call 01480 421808.

Let's teach head lice a lesson they won't forget!

References: 1. Lyclear Creme Rinse (P) MAT 15th July 2006, IRI unit sales. 2. TNS research, August 2006.

C+D

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Chemist+Druggist
Weekly news for pharmacy
www.dotpharmacy.com

News: Lloydspharmacy completes 100,000 MURs and follows up with audit

News: RPSGB to take up airport pharmacists' worries over medicine checks

Feature: England's chief pharmacist talks exclusively about his plans

NOW AVAILABLE

GlaxoSmithKline
Consumer Healthcare

Show sufferers a way out of migraine with sumatriptan Imigran® Recovery

A way out of migraine

New Imigran Recovery is a breakthrough for your migraine customers – at last you can offer them a pharmacy product that acts on the root cause of migraine.[1,2]

Imigran Recovery contains sumatriptan, a medicine used in 800 million prescriptions. Just one tablet can give complete relief of all major migraine symptoms, starting to work on migraine headache in 30 minutes. Sufferers can get back to their normal daily activities within 2 hours.[3]

Recommend Imigran Recovery and give sufferers an effective way out of migraine.

Imigran Recovery 50 mg Tablets (sumatriptan) Product Information. Uses: Acute relief of migraine attacks. Ensure clear diagnosis. **Dosage:** *Adults 18-65 years only:* 50 mg as soon as possible after onset of migraine headache. Repeat dose ≥2 hours after first if symptoms recur. Do not take second tablet if no response to first. **Contraindications:** Prophylaxis. Hypersensitivity to constituents or sulphonamides; concurrent treatment with MAOIs, ergots, other triptans; myocardial infarction, ischaemic heart disease, symptoms/signs consistent with ischaemic heart disease, coronary vasospasm (Prinzmetal's angina), arrhythmias, peripheral vascular disease; stroke or transient ischaemic attack; hypertension; hepatic or renal impairment; history of seizures, lowered seizure threshold; hemiplegic, basilar or ophthalamoplegic migraine. **Precautions:** First migraine after age 50, assess risk factors for cardiovascular disease, typical headache >24 hours, atypical symptoms, taking combined oral contraceptive pill, pregnancy or breast feeding. **Interactions:** MAOIs, ergots, SSRIs, tricylic antidepressants, St John's wort. **Side effects:** *Common:* pain, tingling, heat, heaviness, pressure or tightness affecting any part including chest and throat; may be intense, usually transient. Dizziness, drowsiness; nausea, vomiting. Feelings of weakness, fatigue. *Very rare:* hypersensitivity reactions, seizures, nystagmus, scotoma; visual disturbances; cardiovascular disturbances including bradycardia, tachycardia, palpitations, arrhythmias, ischaemias, coronary artery vasospasm, myocardial infarction, hypotension, Raynaud's, ischaemic colitis. **Legal category:** P. **Product licence number:** PL 00071/0455. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 2 tablets £7.99. **Date of preparation:** April 2006. **Imigran** is a registered trade mark of the GlaxoSmithKline group of companies.

References: 1. Goadsby PJ, Lipton RB, Ferrari MD. N Engl J Med 2002; 346(4): 257-270. 2. Humphrey PPA. Cephalalgia 2001; 21 Suppl 1: 2-5. 3. Landy S, Savani N, Shackelford S *et al.* Int J Clinical Practice 2004; 58(10): 913-919.

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Cover: Chief pharmaceutical officer England Keith Ridge. Picture Charles Thatcher

Deliver MURs or miss out on enhanced services, PSNC warns

Practice Pharmacists must rise to the challenge of the 400 MUR limit or risk being perceived as a failure

Ailsa Coquhoun

Contractors must demonstrate that they can deliver essential and advanced services before they can expect PCTs to commission enhanced services, PSNC has said.

Warning that enhanced service commissioning could be at least 12 months away, PSNC said pharmacists must rise to the challenge of the proposed 400 MUR limit, or risk failing in commissioners' eyes. NHS Services head Alastair Buxton said: "If, as a profession, we cannot demonstrate that we are delivering advanced services en masse, then I can understand why PCTs would question whether there is an appetite in pharmacy for enhanced services."

PSNC's call came as a Manchester University report concluded the level of enhanced service commissioning through the new contract remained comparatively low. Fay Bradley, from the University's Centre for Innovation in Practice, said: "PCTs appear to view the new contract as an important driver for commissioning but translating this into practice may be more difficult." Although most PCTs have conducted a pharmaceutical needs assessment, only 45 per cent have used the findings to commission services from community pharmacy.

The report says the commissioning of enhanced services varies widely across PCTs, and that most existing enhanced services were in place prior to the new contract.

The authors also found that few PCTs are planning to increase their commissioning of pharmacy services over the next 12 months, because of a lack of funds, a lack of capacity and impending PCT reconfiguration.

What's happening around the country?

"There have been no new enhanced services commissioned in Norfolk under the new contract. This is certainly not due to a lack of effort on behalf of the LPC – it is the unfortunate combination of considerable PCT financial deficits and the prolonged process of PCT reconfiguration. It is to be hoped that the current frustrating situation will improve. If not, then the public in the area will continue to miss out on the huge benefits of increased community pharmacy involvement in their care."
Tony Dean, executive officer, Norfolk LPC

"North Cumbria PCT is to all intents and purposes in the hands of the receivers, although the euphemism of 'turnaround team' is being used. Spending on enhanced services is, therefore, definitely not on the agenda unless we can guarantee savings. Also, as the PCT merges with the south of the county in October, there is a general apathy as PCT employees reapply for their jobs. There is no urgency to work on schemes that they may play no further part in after October. North Cumbria PCT has had a major deficit for so many years that it is major uphill struggle to achieve any success."
Bernadette Brooks, secretary, North Cumbria LPC

Lloydspharmacy delivers 100,000 MURs

Practice But uptake hindered by lack of engagement with GPs and patients

Lloydspharmacy has conducted 100,000 medicine use reviews, the company has claimed. However, an audit of its service suggests achieving the proposed 400 per branch limit could prove difficult.

The chain, which has delivered an average of just over 83 MURs per branch in England and Wales since the start of the service, believes there are still fundamental problems with the service infrastructure. These include the lack of patient or GP promotional materials, which has led to poor engagement, said Iqbal Gill, director of clinical commercial operations. "Given the time and effort involved in supporting the service, from our point of view it would have been better to have looked at costing the service rather than just raising numbers," he said.

Lloydspharmacy's 100,000th MUR was conducted by pharmacist Anees Ahmed, from the branch in Orchid Rise, Scunthorpe, who commented: "It's very satisfying to use my professional skills to help patients get more from their medicines."

From an audit of patients, pharmacy staff and GPs conducted to support the MUR service, the multiple concluded that both pharmacists and patients value the MUR service and that it has significantly improved patient care.

Top team: pharmacist Anees Ahmed (front centre) and his staff delivered Lloydspharmacy's 100,000th MUR

However, the audit also identified that pharmacists found the service time-consuming and that it has the potential to hit traditional dispensing and counselling services. The audit also highlighted that staff can provide more effective support if they are included in the process.

Lloydspharmacy has supported its MUR service provision with training, accreditation incentive payments and support materials, and is planning further MUR initiatives including:

- Encouraging pharmacist peer group discussions.
- Pharmacy support staff training.
- GP follow-up visit support materials.
- Port materials.
- Communication skills training, particularly relating to ending the consultation.

Scots review home oxygen

Scotland Pharmacy is likely to play a part

The Scottish Executive Health Department is reviewing its home oxygen supply service – but in light of the experience in England and Wales is likely to include pharmacists in its new-look service.

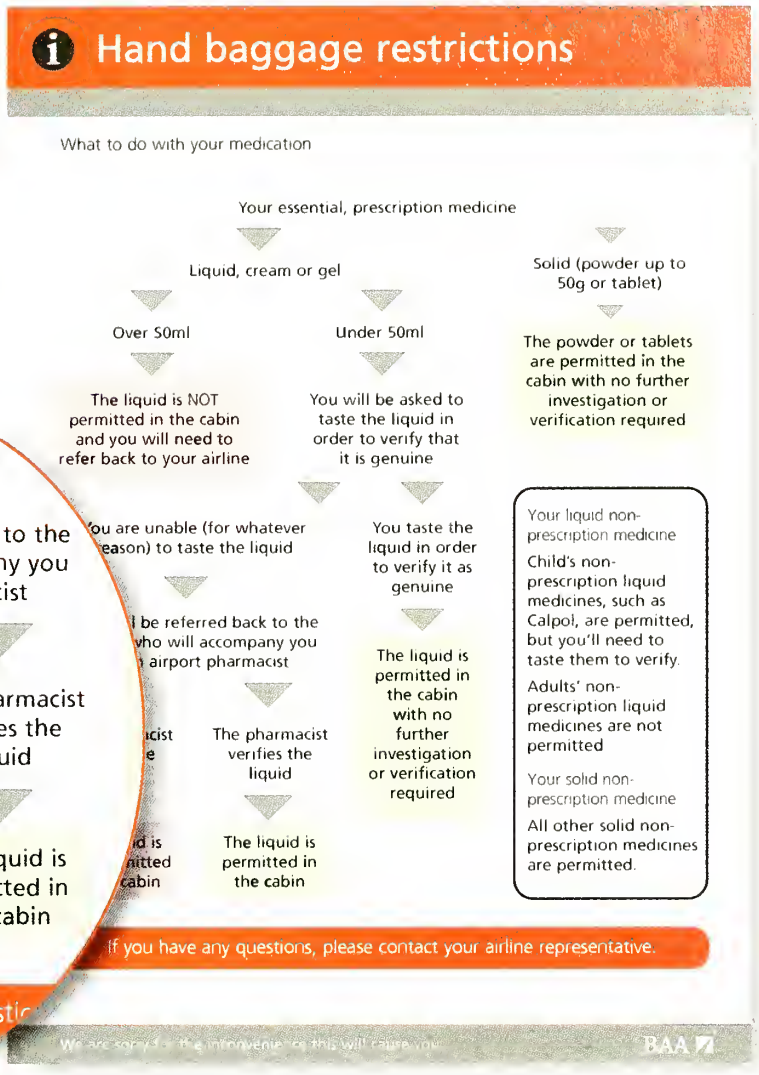
An SEHD spokesperson said: "We are aware of the amendments to the service in England and Wales and are considering a number of options to improve the service to oxygen dependent patients in Scotland.

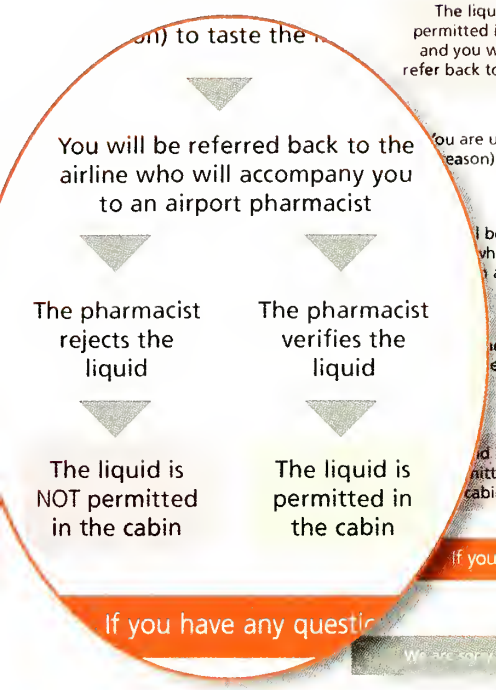
"We are in regular contact with our counterparts at the Department of Health and will take account of their experiences to date."

In a review that is expected to be complete by the end of the year, the SEHD is scrutinising service aspects such as alternative distribution systems for portable oxygen, the provision of oxygen conservers and a review of the current prescribing criteria for the provision of oxygen concentrators.

However, its intention is to continue to supply oxygen through a combination of community pharmacist supply and central contract arrangements through National Services Scotland. **AC**

Grounded: Airport pharmacists have called for crisis talks over BAA security measures, which ask them to vouch for the safety of liquid medicines taken onto flights. Pharmacists urged airport authorities and trade representatives to review current procedure over fears it could see them held responsible for a future terrorist bomb attack. Airport pharmacists told C+D they could not identify medicines with 100 per cent accuracy and would not sign off drugs to be taken on the flight deck. BAA advised pharmacists to raise concerns with the Department for Transport, which devised the current guidelines





We can't stop future bomb plot, say airport pharmacists

Medicines Enforcing luggage restrictions may need specialist pharmacy staff

Max Gosney

Airport pharmacists are refusing to verify liquid medicines for air travel over fears they could be blamed for future terror attacks.

Pharmacists have slammed updated security measures, which require them to verify liquid drugs over 50ml in writing before they are allowed on flights.

A pharmacist at an Alliance Boots store at Heathrow airport told C+D: 'I can see what's in the medicine bottle, but without a lab test how can I be 100 per cent sure?

"I could verify something as insulin, which turns out to be used to bomb a flight. Then I am the first person the authorities want to speak with."

Anti-terror teams may need specialist pharmacy staff to enforce hand luggage restrictions, according to a pharmacist at an Alliance Boots store at Gatwick Airport.

Robert Clayton: it's a hotchpotch

"We've not provided written signatures and have left verification to security staff. We don't work for the airport authorities. But perhaps they should look to hire pharmacists on a short-term basis?" he said.

Airport pharmacists urged industry representatives and the British Airports Authority to rethink security procedures, which include asking passengers to taste medicines to verify contents.

The RPSGB pledged to pursue a solution. "What's in place at the moment is a hotchpotch," said Robert Clayton, head of practice and quality improvement at the Society.

"Pharmacists have been put in an invidious position. If they don't verify medicines they are accused of not fulfilling their duties. But, if they do and it leads to a terrorist attack they're held accountable," he said.

However, the Department for Transport defended its airport security guidelines. "If there's a suspicion among security staff then they contact a pharmacist at the airport there and then. That's the procedure and it's only followed if there's a suspicion."

News in brief

IPF to launch at show

The Independent Pharmacy Federation (IPF) plans to formally launch at the Pharmacy Show in Birmingham on October 15 and 16.

The IPF set out to become a "formal, representative and powerful" voice for the independent pharmacy sector last October and had attracted over 200 members by June 2006, according to IPF research.

Pre-reg support

A Birmingham based pharmacy buying group will launch a pre-registration student training package this October.

Pharmaco 2000 will gear up students on topics including the Drug Tariff, law and ethics and calculations at events in Birmingham and London, said Murtaza Master, head of professional development at the group.

Late information line

The NPA will extend its information hotline service until 6pm on weekdays from September.

Michelle Styles, the organisation's head of information service, told C+D: "More of our members are extending their opening hours until 6pm so we are looking to match that."

Co-op's green switch

The Co-operative group has signed a three-year agreement with Scottish Power to provide electricity from renewable sources, such as wind and water, to all of its UK retail outlets, including its 360 pharmacies.

Medihealth correction

The web address published last week for Medihealth South's pharmacy business website was incorrect. It should be www.newpharmacist.co.uk

Dial a deal

Nucare has launched a pharmacy maintenance phone service.

Members can call up for quote on security equipment, said Alan Turner, Nucare's commercial manager. Nucare plans to extend the service to include finding card deals for pharmacists.

Pharmacy is top choice for school leavers

Education Universities latch on to growing demand for pharmacy degree

Tom Hawkins

An increasing number of pharmacists are being produced by UK universities each year, driven by growing demand for pharmacy professionals and the appeal of guaranteed employment.

Dr Richard Gladwell of Reading University said: "There have been two elements to it. One has been the increase in demand for registered pharmacists in the market and the second is the increasing interest from students."

Reading is one of six schools of pharmacy – along with East Anglia, Hertfordshire, Keele, Kingston and Medway – that are completing the RPSGB's initial accreditation process. Three further universities have applied for accreditation.

Dr Gladwell said the school hoped to double the first year's intake of 48 students by 2007. He added that the increase in numbers was buoyed by an expansion of the role of the pharmacist.

Damian Day, head of accreditation at RPSGB, said new schools and consistent intake numbers at existing schools had swollen the pharmacist population in the last few years. However, he warned that the demand for skills should not outstrip market demand. "As far as pharmacy is concerned, the increased number of graduates should not be greater than the current needs of the workforce," he said.

A student at Bath University School of Pharmacy said the subject would be less appealing if candidates were less likely to secure employment on graduation.

"I don't see the point of working harder than the average science student to get a degree which doesn't increase chances of employment," she said.

• Figures by the Office of National Statistics show that gross average pay for pharmacy managers increased by £2,577 to £37,374 last year.

Hands up for pharmacy: students are realising they have a greater chance of employment with a vocational degree

'Patients should drive PCT policy'

Practice Ask local communities, report urges

Understanding the views of patients and the public is fundamental to service development and a modern NHS. PCTs also have a statutory responsibility to consult patients, Primary Care Contracting has said in its latest practice based commissioning bulletin.

The Patients and the Public bulletin, the sixth in the series, aims to help PCTs meet their patient and public involvement (PPI) obligations. It notes that PCTs rarely seek or act upon the views of local communities.

The bulletin recommends that patients and the public must be involved at every stage of planning, although involvement can range from a minimum (giving information) to a maximum involvement (partnership), depending on the target group.

The bulletin also advises on working in partnership and embedding PPI into governance issues. **AC**

Refit business down as pharmacists get the blues

Retailing Control of entry concerns could explain trend

Investment in refurbishing independent pharmacies is down on last year, according to the NPA. However, whether this is because of anxiety about possible changes to control of entry in England is unclear.

Neil Williamson, head of planning at the NPA, said: "We have seen a drop off in the number of applications to refit pharmacies from our members. Last year was very busy, with pharmacists spending a lot of money putting premises forward for refurbishment to include consultation rooms so that they could offer new services.

"Some of the fall away could be explained by the holiday season; some could be because of uncertainty over the consultation and 100-hour pharmacies," he said.

"I can understand that a proportion of our members would be very reluctant to invest at this time. However, there are others who feel strongly about their location and customer base and have accepted the opportunities offered by the new contract, and they might live to regret not making an investment now." JF

Neil Williamson: "Some may live to regret not making an investment now"

Dispensing GP data published

Practice Fee will be £2.58 per patient per financial year

Final details of the specifications to which dispensing doctors are expected to work have been published.

According to the Dispensary Services Quality Scheme, payment will be based on the number of dispensing patients on the doctor's list on January 1 during the relevant financial year. The fee will be £2.58 per patient per year, and PCTs will be expected to review each contractor on an annual basis to ensure the stated level of service and standards are in place.

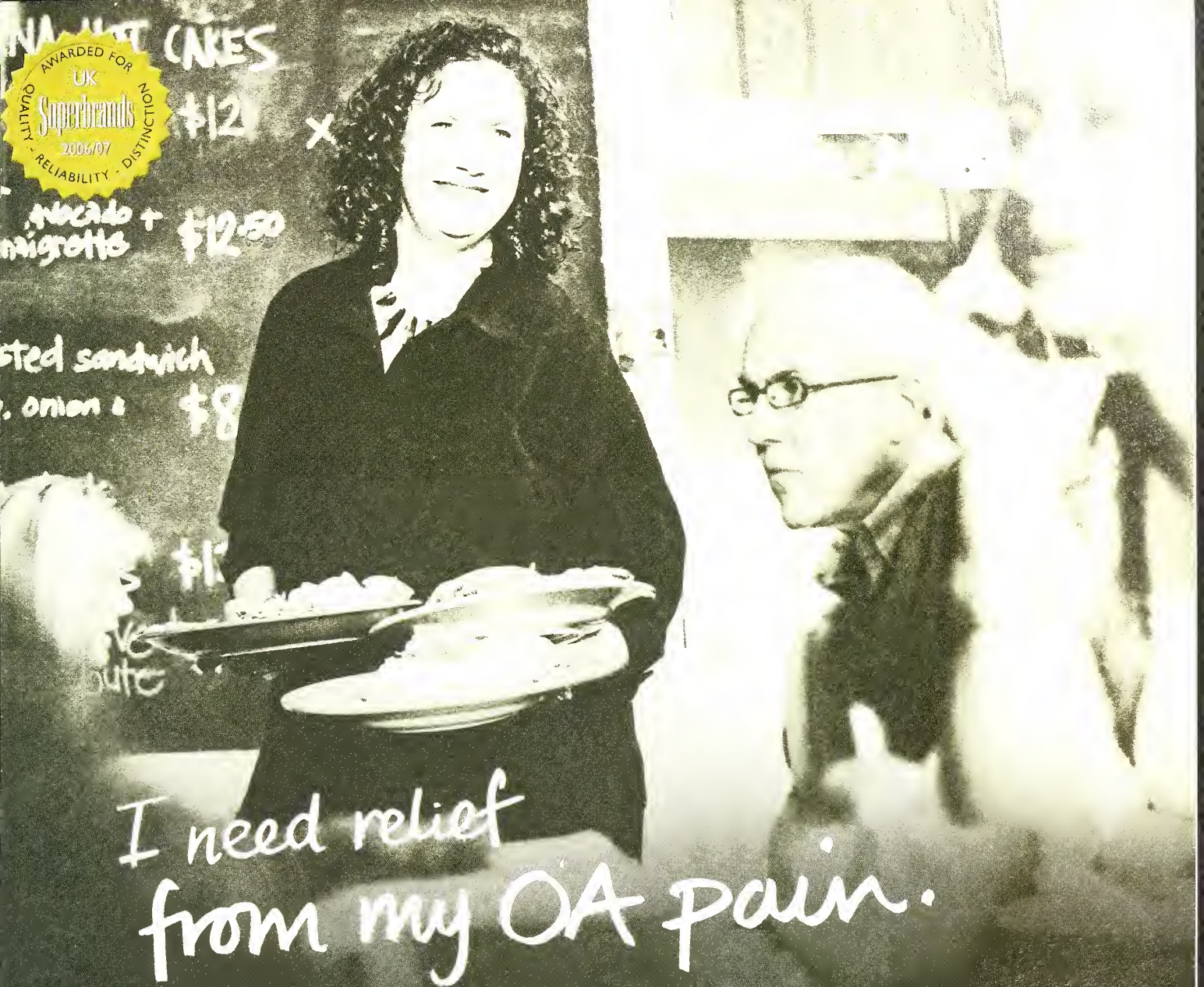
Dispensaries should use standard operating procedures which set out the level of competency expected for each function performed by dispensing staff. Only those trained or undertaking training to NVQ level 2 in pharmacy services, and with at least 1,000 hours' relevant experience are allowed to work independently in a practice dispensary. Staffing levels must also be set to safeguard patient safety.

The document states that at least 10 per cent of a practice's dispensing patients should have a "dispensing review of use of medicines" (DRUM) – similar to, but less comprehensive than, a community pharmacy medicines use review. This should be conducted face-to-face and consider compliance and concordance. **AF**

But PSNC is concerned

Stephen Lutener, head of regulation at PSNC, gave his reaction to the scheme: "The legislation requires all dispensing activities in a pharmacy to be supervised by a pharmacist. Dispensing involves not only the risk management functions, such as accuracy checking, which can be carried out by a technician, but also the professional checks into the appropriateness of the prescription and the provision of advice. These professional activities cannot be provided by a technician, and therefore patients of a typical dispensing doctor practice, without pharmacist input, are denied the benefits of the professional services offered by pharmacists."

For more information on dispensing GP pay visit www.tinyurl.com/rp84j



- The active ingredient in Panadol, paracetamol, is recommended as first-line analgesic for mild osteoarthritis (OA) pain by the European League Against Rheumatism,[1] the American Pain Society,[2] the American Geriatric Society[3] and the UK's Primary Care Rheumatology Society[4] and Prodigy guidance.[5]
- That's because it can be as effective as some non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen and naproxen, in relieving the mild to moderate pain of OA,[1,6,7,8] while avoiding NSAID-associated adverse effects, such as serious gastrointestinal[9,10,11] and cardiovascular complications.[12,13]

OA experts recommend the medicine in Panadol first – so can you.
Panadol Tablets are for the relief of mild to moderate pain.

Panadol
Paracetamol
It's my choice.

References 1. Jordan KM, Arden NK, Doherty M *et al.* Ann Rheum Dis 2003 Dec;62(12):1145-55. 2. Simon LS, Lipman AG, Jacox AK, Caudill-Slosberg M, Gill LH, Keefe FJ, Kerr KL, Minor MA, Sherry DD, Vallerand AH, Vasudevan S. Pain in osteoarthritis, rheumatoid arthritis and juvenile chronic arthritis. 2nd ed. Glenview (IL): American Pain Society (APS); 2002 3. American Geriatric Society. J Am Geriatr Soc 2002 Jun;50(6 Suppl):S205-24. 4. Primary Care Rheumatology Society. http://www.pcrsociety.org.uk/guidelines_00_03.jsp 5. Prodigy Guidance: Osteoarthritis. November 2005. http://www.prodigy.nhs.uk/guidance.asp?gt=Osteoarthritis#184397 6. Bradley JD, Brandt KD, Katz BP, Kalasinski LA, Ryan SI. ***N Engl J Med*** 1991; 325: 87–91. 7. Bradley JD, Brandt KD, Katz BP, Kalasinski LA, Ryan SI. ***J Rheumatol*** 1992; 19: 1950–1954. 8. Williams HJ, Ward JR, Egger MJ, *et al.* ***Arthritis Rheum*** 1993; 36: 1196–1206. 9. Singh G. A view from the ARAMIS database. 10. Blot WJ, McLaughlin JK. ***J Epidemiol Biostat*** 2000; 5: 137–142. 11. Lewis SC *et al.* Br J Clin Pharmacol 2002: 54(3): 320-326. 12. Hillis WS. ***Am J Ther*** 2002; 9: 259-269. 13. Whelton A. ***Am J Ther*** 2000; 7: 63-84.

Panadol Tablets Product Information. Presentation: Each tablet contains Paracetamol 500 mg. **Uses:** Headache including migraine and tension headaches, toothache, neuralgia, backache, rheumatic and muscle pains, pain due to non-serious arthritis, dysmenorrhoea, sore throat and feverishness, symptoms of cold and influenza. **Dosage and administration:** ***Adults and children, 12 years and over:*** Two tablets up to four times daily. Not more than 8 tablets in 24 hours. ***Children 6-12 years:*** Half to one tablet up to four times daily. Not more than 4 tablets in 24 hours. Not more than 3 days use in children without doctors advice. ***Children under 6 years:*** Not recommended. Do not exceed the stated dose. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** Use with caution in patients with severe liver or severe hepatic impairment, non-cirrhotic alcoholic liver disease. Caution required in patients taking warfarin or other coumarin anticoagulants, domperidone, metoclopramide, cholestyramine. Not to be taken concurrently with other paracetamol-containing products. Use in pregnancy should be on doctor's advice. Not contraindicated in breast feeding. Arthritis sufferers should consult a doctor if they need painkillers every day. Sufferers from persistent headache should consult a doctor. **Side effects:** Paracetamol: rarely, hypersensitivity including skin rash; very rarely, reports of blood dyscrasias (not necessarily causally related). **Overdosage:** Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, [illegible] overdose. **Legal category:** 16's, GSL, 32's P. **Product licence number:** 00071/5074R. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, UK. **Packaging quantity and RSP:** Compack 16's £1.39, Carton 16's £1.85, 32's £3.15. **Date of last revision:** May 2006. Panadol is a trade mark of the GlaxoSmithKline group of companies. Superbrands is a registered trademark.

Pharmacist faces abuse over plans to fell tree

Retailing Local residents say plane tree protects against noise and pollution

Jane Ellis

A London pharmacist has come under attack from local activists after attempting to remove a tree that is damaging his business.

Jagdish Vaghela has been victimised over plans to cut down the 100-year-old plane tree that is causing subsidence to the Biotech Pharmacy on Camden Road.

"I've received an anonymous threatening letter, suffered verbal abuse and psychological pressure. I myself am not against the tree, but it is affecting my property and my business," Mr Vaghela said.

There is evidence of structural movement, which he believes has been caused by tree roots.

His insurer, Pharmacy Mutual Insurance, has put in a claim and Camden Council, after receiving evidence from PMI, has removed a preservation order on the 80ft tree.

After a site visit last week, an NPA spokesman said: "No final decision has been taken about the fate of the tree. It has a temporary reprieve as there has been no evidence of further subsidence for some months. There is the possibility of heave, which could cause further damage, should the tree need to be felled."

Mr Vaghela said local residents are lobbying to stop the tree being chopped down, claiming it provides protection from noise and pollution.

"My wife and I have been here for 22 years and are well established and well liked by the patients. It is unfair I should be targeted in this way."

Blood pressure monitor on TV

Practice 'Championing health' with affordable monitor

Lloydspharmacy is back on TV this week to raise awareness of high blood pressure and promote a CE marked upper arm blood pressure monitor that costs less than £10.

The advertisement on ITV, Channel 4, Channel 5 and selected satellite channels, features TV presenter Philippa Forrester, who is highlighting the number of adults in the UK with high blood pressure and its associated dangers.

Mark Green, Lloydspharmacy's commercial director, said: "By selling a fully automatic blood pressure monitor for under £10, we are making home monitoring widely accessible. We are championing peoples' health at an affordable price." **JE**

Claire Whitcombe was named 'Lloydspharmacy Pre-Reg of the Year' at the company's gala dinner. Claire, who works at the branch in Rhiwbina, Cardiff, received the accolade for going "above and beyond the call of duty" and gaining medicines use review accreditation before she qualified as a pharmacist. She is pictured receiving her pestle and mortar award from Lloydspharmacy training and development director Steve Howard and managing director Justin Ash, and Colin Billing from Reckitt Benckiser, who donated the leisure vouchers that formed part of the prize

Independents are selling up short

Practice Pharmacists want quick and easy sale

Retiring pharmacists are panic selling businesses well below best price, according to financial experts.

Many independent contractors valued convenience above cost when it came to finding a buyer for premises, concluded a seminar for local pharmacists held in Manchester.

"Pharmacists are going for a deal with someone local, which may not be a particularly good price. But for them it is quick and easy," said Sean Moriarty, partner at HW Corporate Finance in Manchester, which organised the event.

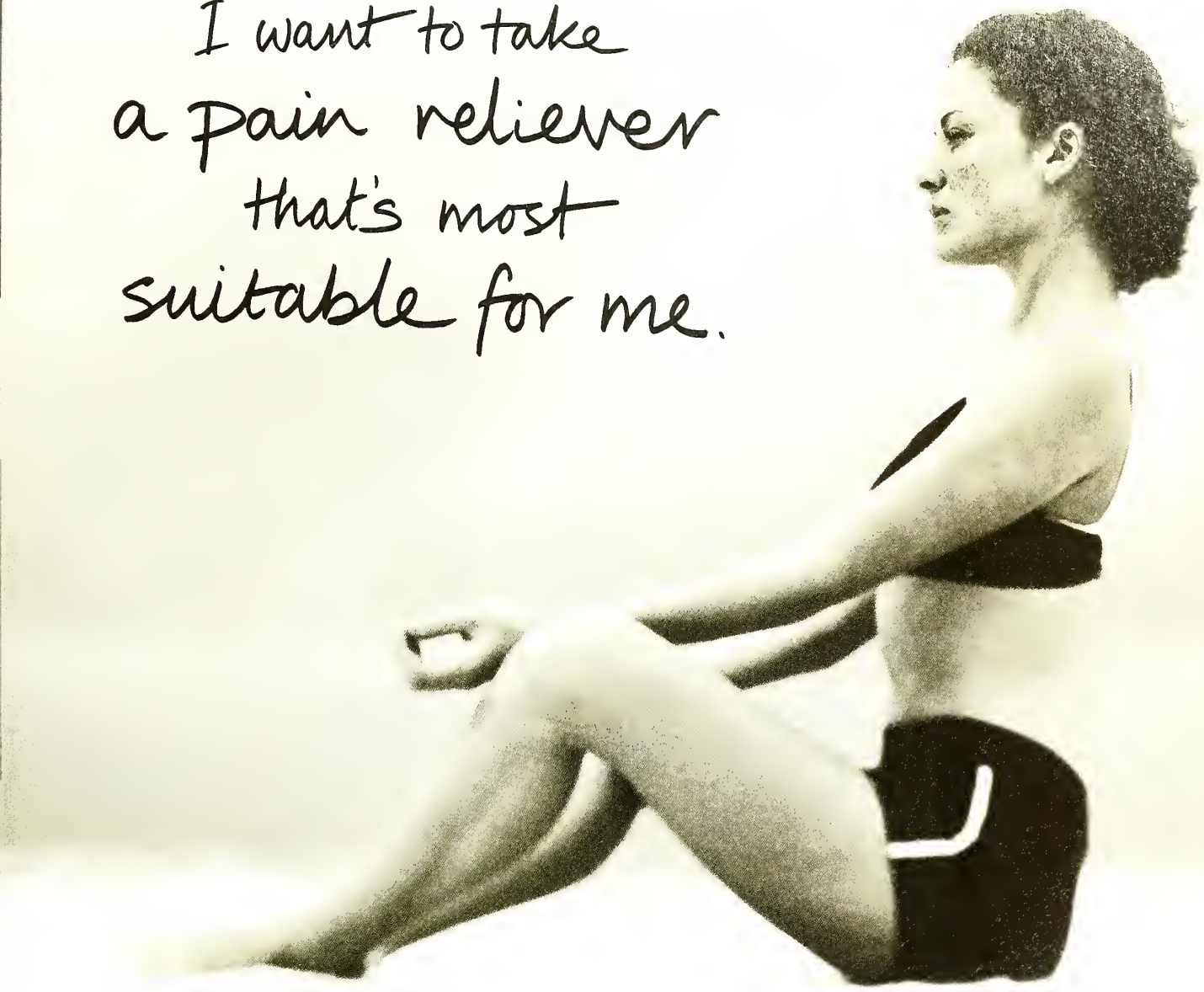
Difficulties dealing with the new contract had led to a deluge of pharmacy sales among independents in the North West of England, said Victoria Skelton, seminar speaker and formerly at the Co-op.

"I think there are a large number of pharmacists retiring at the moment because of the contract. The more traditional pharmacists don't really want to do the new services and we've seen a number of acquisitions by multiple groups," she said.

The event, attended by 30 contractors, offered financial tips for boosting pharmacy business. A further event is planned this October, said HW Corporate Finance. **MG**

England's chief pharmacist gives his first interview. See page 20 ›

I want to take a pain reliever that's most suitable for me.



- The active ingredient in Panadol, paracetamol, has the least contra-indications of any pain reliever.[1]
- It's recommended by the US National Kidney Foundation for episodic use in those with renal problems[2, 3] and by the Global Initiative for Asthma for aspirin-sensitive asthmatics.[4]
- It's also first-choice analgesic for patients with gastrointestinal[5, 6] and cardiovascular problems.[7, 8]
- Unlike non-steroidal anti-inflammatory drugs (NSAIDs), Panadol can be used by patients taking medicines for the vast majority of chronic health conditions.[9]
- And, when used at recommended doses, the risk of side effects is rare.[10]

Panadol Tablets are for the relief of mild to moderate pain.

Panadol
Paracetamol

It's my choice.

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Panadol Tablets Product Information. Presentation: Each tablet contains Paracetamol 500 mg. **Uses:** Headache including migraine and tension headaches, toothache, neuralgia, backache, rheumatic and muscle pains, pain due to non-serious arthritis, dysmenorrhoea, sore throat and feverishness, symptoms of cold and influenza. **Dosage and administration:** *Adults and children, 12 years and over:* Two tablets up to four times daily. Not more than 8 tablets in 24 hours. *Children 6-12 years:* Half to one tablet up to four times daily. Not more than 4 tablets in 24 hours. Not more than 3 days use in children without doctors advice. *Children under 6 years:* Not recommended. Do not exceed the stated dose. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** Use with caution in patients with severe liver or severe hepatic impairment, non-cirrhotic alcoholic liver disease. Caution required in patients taking warfarin or other coumarin anticoagulants, domperidone, metoclopramide, cholestyramine. Not to be taken concurrently with other paracetamol-containing products. Use in pregnancy should be on doctor's advice. Not contraindicated in breast feeding. Arthritis sufferers should consult a doctor if they need painkillers every day. Sufferers from persistent headache should consult a doctor. **Side effects:** Paracetamol: rarely, hypersensitivity including skin rash; very rarely, reports of blood dyscrasias (not necessarily causally related). **Overdosage:** Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage. **Legal category:** 16's, GSL; 32's P. **Product licence number:** 00071/5071R. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** Compack 16's £1.39, Carton 16's £1.85, 32's £3.15. **Date of last revision:** May 2006. Panadol is a trademark of the GlaxoSmithKline group of companies.

NHS Direct and nurses lock horns

Patients Job cut rumours spark fears of industrial action but NHS Direct says reaction premature

Asha Fowells

NHS Direct and nurses' unions have become embroiled in a war of words following rumours of job cuts at the 24-hour health advice service.

The Royal College of Nurses and Unison are threatening industrial action over proposed redundancies. But NHS Direct says it is still considering the best way to restructure and no decision will be made until October.

In May, NHS Direct published a consultation document setting out its plans for reorganisation in light of health service reforms and a drive towards greater efficiency. The paper included proposals to rationalise the number of contact centre sites, and cut around 400 jobs within the organisation, with a maximum of 573 posts stated as being at risk of redundancy.

Earlier this month, Unison general secretary Dave Prentis dubbed the plans a "recipe for disaster", saying patient lives would be endangered because of a drive to "sacrifice quality for cost".

He added: "We cannot stand by and let the government's desire to introduce marketisation into the NHS damage this innovative world-leading service."

But a spokeswoman for NHS Direct pointed out that the consultation only closed last week. The organisation's board would consider the recommendations at its September meeting, with the final details announced after the October board meeting, she told C+D.

She added: "We're in a consolidation period at the moment but are looking to reconfigure where we're working to become more efficient." She confirmed that many of the smaller call centres would shut, but said this was because "we're being served notice by the landlords of several sites". And she drew attention to figures showing that NHS Direct handled almost 560,000 calls in July – up 8 per cent on the previous month.

GSK breaches industry code

Ethics Support website promoted treatment

GlaxoSmithKline has been reprimanded by the pharmaceutical industry's trade body after indirectly promoting a drug via a patient support website.

The company was found to be in breach of marketing guidelines after running an advertising campaign to raise awareness of Ekbom's, or restless leg syndrome (RLS). The promotion highlighted an online patient support group for the condition, which endorsed GSK's ropinirole treatment.

At the time, the drug was used to treat Parkinson's disease in the UK and was approved for use in Germany and the USA to treat RLS. From April it has been licensed in the UK for RLS under the Adartrel brand.

The adverts were found to be in breach of the code of practice of the Association of British Pharmaceutical Industry after the issue was raised by a concerned GP.

Niamh Macmahon of the ABPI said: "If companies choose to sponsor something of that nature they need to ensure it fully complies with the code."

The Ekbom Support Group, which has received low level support from GSK, claims its website provides a forum for all types of relief from RLS, irrespective of manufacturer.

A spokesman for GSK said the firm has changed internal practices to avoid repeating the breach, adding that GSK has a "strict code of practice" for working with patient organisations and that it respects their independence. **TH**

Weldricks' training success

Multiples Staff receive more than 120 awards

Employees at pharmacy multiple Weldricks have been recognised for their training achievements at the company's annual presentation evening.

More than 120 awards were presented by the company to its staff, including Institute of Leadership and Management Level 3 and NVQ2 and 3 in Pharmacy Services.

Marilyn Jones, Weldricks' training manager, said: "Our company presentation night recognises the achievements across the whole company. It provides us with a great opportunity to celebrate the hard work and effort put in by staff who successfully complete NVQs and other training certificates."

Ms Jones said new diplomas in the pipeline for next year will be on community pharmacy and herbal medicines, together with a new retail skills qualification. **JE**

Top of the class: Weldricks pharmacy staff collect their accuracy in dispensing awards. Pictured from the left are: Tracey Palmer, Tanya Rushby, Ann-Marie Sanderson and Trish Coates, with training manager Marilyn Jones in the foreground

More missed appointments

Practice Absentee patients impairing effectiveness

More than 40 per cent of GP surgeries fear that missed appointments will have an impact on the effectiveness of practice based commissioning, a survey has revealed.

Dr Chaand Nagpaul, Developing Patient Partnership spokesman, said: "We need to do what we can to tackle missed appointments now by informing the public and patients about their impact.

"Practice based commissioning will mean more expensive procedures happening in primary care and so a corresponding waste of resource resulting from missed appointments."

More than 11 million appointments with GPs are missed every year and just over five million with practice nurses, according to a poll of 329 GP surgeries in the UK by the DPP charity.

According to a third of those surveyed, the facility to prebook appointments results in more being missed.

Even with same-day appointments, 49 per cent of practices either do not know if there has been any rise or fall in missed appointments, or they report numbers staying the same or increasing. **JE**

NPA calls for transition to CD scripts

Practice Pharmacists need more time, says association

The National Pharmacy Association has called for a transition period to help pharmacists cope with new controlled drug requirements.

Earlier this year, the UK drug regulator highlighted new legislation that meant copies of Schedule 2 and 3 CD prescriptions would need to be sent to pricing authorities. The MHRA proposed removing the prior obligation for pharmacists to retain the originals of private prescriptions for such drugs for two years, calling it "an unnecessary administrative burden".

The NPA has supported this move, but has suggested a transition period while the relevant regulations are amended. This would allow pharmacists to send either the original prescription or a copy until they were familiar with the new arrangements, said the national pharmacy trade body. **AF**

News in brief

Talking pill bottles

Pharmacies in California have started to stock talking prescription bottles. Developed by MedivoxRx, the packaging aims to help elderly or partially sighted patients by reading out the label instructions at the touch of a button. Called Rex, the bottles contain a voice chip, battery and speaker. The pharmacist prepares and records the instructions when filling out the prescription.

No Pesticides. No Resistance. No wonder it's the NEW Brand Leader

BACK ON TV!

Success, it's gone to everyone's head. New Hedrin is already brand leader in the market for licensed headlice treatments with a staggering 37% share[1]. And it's no wonder with no pesticides, no resistance, no laborious combing and no nasty odours

- New research by the National Public Health Service for Wales Communicable Disease Surveillance Centre has revealed that 80% of headlice are resistant to Pyrethoids.[2]
- 'A pesticide-free insecticidal product is recommended as the first line of treatment to be used when a live louse has been detected'. Hertfordshire Health Protection Team, April 2006.
- Hedrin is still the only licensed pharmacy medicine which does not contain pesticides.
- Back on national TV in August and September with further support in the national press and women's magazines throughout the back-to-school period.

[1] IMS MAT w/e 17th June 2006 £ sales
[2] Thomas et al, Arch Dis Child 2006;000:1-5

DON'T LOSE YOUR HEAD
USE YOUR HEAD
USE YOUR HEDRIN

Product Details
Hedrin 4% Lotion Dimeticone 50ml PIP Code: 317-4166 RRP: £4.99 Trade Price: £35.70 (12) EAN: 5011309885019
Hedrin 4% Lotion Dimeticone 150ml PIP Code: 317-4174 RRP: £11.49 Trade Price: £41.00 (6) EAN: 5011309885217

Product Information Hedrin 4% Lotion. Presentation: cutaneous solution containing 4% dimeticone w/w. **Indications:** for the eradication of head lice infestations **Dosage and administration:** Adults and children over 6 months: Apply sufficient lotion to cover dry hair from the base to the tip to ensure that no part of the scalp is left uncovered. Work into the hair spreading the liquid evenly from roots to tips. Allow hair to dry naturally. Hedrin should be left on hair for a minimum of 8 hours or overnight. Wash out with normal shampoo, rinsing thoroughly with water. Repeat the treatment after seven days. **Contraindications:** Hypersensitivity to any of the ingredients. **Precautions and Warnings:** Discontinue at the first appearance of a skin rash or any other signs of local or general hypersensitivity. For external use only. If accidentally introduced into the eyes, flush with water. **Side Effects:** Minor adverse events include an itchy or flaky scalp and dripping/irritation around the eyes. **Product License**

News in brief

MHRA drugs seizure

The Medicines and Healthcare products Regulatory Agency, in a joint operation with Cleveland Police, has seized tens of thousands of tablets believed to contain piperazine with a street value of more than £200,000.

The seizures were carried out in relation to the alleged illegal sale and supply of medicines under the Medicines Act 1968. Two residential and three commercial premises were searched in Middlesbrough.

Independent focus

A supplement detailing careers in pharmacy is scheduled to appear in the August 31 issue of the Independent newspaper. This is the sixth such supplement to have been produced in association with the RPSGB.

Guide to bowel health

A Pharmacy Guide to Bowel Health outlines the management of conditions ranging from constipation and diarrhoea to abdominal pain and irritable bowel syndrome.

The guide also contains information on communication, assessing symptoms, treatment pathways and case studies, and is suitable for both pharmacists and their support staff.

Produced in association with the Bowel Health Board and developed by Boehringer Ingelheim, the booklet has been accredited by the College of Pharmacy Practice and can be obtained by calling 01344 741160 or downloaded at www.bowel-health.co.uk

Pharmacy Champion

We would like to clarify that last week's Pharmacy Champion, Ashwin Vaghela, although being involved in setting up the hair loss clinics at ABC Pharmacies, is purchasing manager for the company and not a pharmacist.

RPSGB faces Scottish 'challenge', says regulator

Profession Calls for similar levels of public protection across the UK

Asha Fowells

Regulatory issues in Scotland are a "challenge" for the Royal Pharmaceutical Society, according to the government's health watchdog.

The different ways that devolved administrations have dealt with the regulation of pharmacy technicians has produced some "faltering in the regulation of the other members of the team in pharmacy" claims the Council for Healthcare Regulatory Excellence in its annual report. "We believe that it is crucial that levels of public protection are similar across the UK. The key challenge is to ensure a system of regulation which is integrated and has consistent outcomes UK-wide, so that no anomalies and loopholes are created, and staff can easily move from one nation to another without public protection issues arising," it adds.

However, the Society is singled out for praise for its research strategy, and the fact that non-Council members are on the Statutory Committee. The RPSGB and Pharmaceutical Society of Northern Ireland's move towards regulation of pharmacy technicians is also welcomed.

For further information go to www.chre.org.uk/website/newks_and_publications/report/

Former president made Apothecaries Warden

Nicholas Wood

People Pledges to promote shared heritage

A pharmacist has been elected as a warden of the Society of Apothecaries, for only the second time in recent history.

Nicholas Wood, who has twice been president of the Royal Pharmaceutical Society, was elected as one of two wardens at a meeting of the Society's Court earlier this month. He will support the Master, who this year is Paul Knapman, the Westminster Coroner.

Previously the most recent pharmacist to have held a warden's post was the late Douglas Whittet, former chief pharmacist at the Department of Health, who later became Master of the Society in 1982-83.

Mr Wood said: "The origins of both general practice medicine and community pharmacy are found within the Society of Apothecaries and I shall endeavour to do all I can to encourage the understanding of our shared heritage." **JE**

Merck dealt blows in Vioxx case

Medicines Firm faces series of compensation claims from US and non-US citizens over effects of painkiller

Merck has been dealt a series of blows in the battle to avoid a hefty compensation bill over the withdrawn painkiller Vioxx.

The firm is to appeal after being presented with a £27 million damages bill by a federal court in New Orleans. The claim was brought by Gerald Barnett who took Vioxx for 33 months before suffering a heart attack in 2002 aged 58.

Merck requested a reduction in damages or a retrial because the amount "was not supported by the evidence and because of improper arguments made by plaintiff's counsel".

In addition, Merck is considering legal options after a New Jersey state judge last week ordered a retrial in the case of an Idaho man, who claimed Vioxx led to him suffering a heart attack at the age of 56.

The decision to retry the man's claim, which was initially rejected by a jury in November last year, was reached after the judge considered an Expression of Concern published in the New England Journal of Medicine.

Vioxx users in Britain are among a group of up to 300 injury claims from non-US citizens that have been filed with the court in New Jersey. A decision on whether the cases can be heard in the US will be made in the next few weeks pending the submission of further information.

Mark Harvey, partner at Hugh James Solicitors, which represents UK claimants, predicted that a pattern would emerge after a series of trial cases that would determine the final outcome in the long-running litigation battle.

To date, Merck has won four cases and plaintiffs have been awarded three. One case in Merck's favour will be retried. **TH**

Pharmacists could cut hospital errors

Medicines Dispensing robots may be the answer

Pharmacists should do more to reduce medication errors occurring in hospitals, the Healthcare Commission has said.

According to a Commission assessment on medicines management published this month, more than 40,000 medication errors occurred in hospitals in England and Wales in the 12 months to July. The organisation has recommended that pharmacists become more involved in patient care, particularly by spending more time on wards to ensure medicines were used appropriately. This could be achieved if hospital trusts invested in dispensing robots, it suggested.

The review was based on data from the National Patient Safety Agency's National Reporting and Learning System. For more information go to www.tinyurl.com/rso6e **AF**

Walking with a winter wonderbrand

Your customers already trust Benylin for cough. And research shows that they'd rather to one brand to treat cough, cold or flu. So recommend Benylin Cold & Flu Max Strength Capsules and Benylin Cold & Flu Max Strength Sachets (Non-Drowsy), supported by a £7M advertising spend, and keep your customers confident when treating their winter ailments.

paracetamol, caffeine & phenylephrine

paracetamol & phenylephrine

Trusted in cough. Now in cold and flu.

Benylin Cold & Flu Max Strength Capsules product information: Presentation: Yellow Capsule containing 500mg Paracetamol, and 6.1mg Phenylephrine Hydrochloride and 25mg Caffeine. **Uses:** For the relief of symptoms associated with the common cold and influenza, including relief of aches & pains, sore throat, headache, fatigue and drowsiness, nasal congestion and lowering of temperature. **Dosage:** Adults and children over 12 years: 2 capsules to be swallowed whole with water every 4 hours, up to a maximum of 8 capsules in 24 hours. Children 6-12 years: 1 capsule every 4 hours, up to a maximum of 4 capsules in 24 hours. Children under 6 years: not recommended. **Contraindications:** Hypersensitivity to any of the ingredients. Severe coronary heart disease and cardiovascular disorders, hypertension, hyperthyroidism, history of peptic ulcer. Also contraindicated in patients currently receiving or within two weeks of stopping therapy with monoamine oxidase inhibitors. **Precautions:** Caution in severe renal or severe hepatic impairment, Raynaud's phenomenon and diabetes mellitus. Concomitant use of other products containing paracetamol. **Interactions:** The speed of absorption of paracetamol may be increased by metoclopramide or domperidone and absorption reduced by cholestyramine. The anticoagulant effect of warfarin and other coumarins may be enhanced by prolonged regular daily use of paracetamol with an increased risk of bleeding. Phenylephrine may adversely interact with other sympathomimetics, vasodilators and β- blockers. Drugs which induce hepatic microsomal enzymes, such as alcohol, barbiturates, monoamine oxidase inhibitors and tricyclic antidepressants, may increase the hepatotoxicity of paracetamol, particularly after overdosage. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Hypersensitivity reactions including skin rash may occur. Blood dyscrasias, raised blood pressure, headache, nausea, vomiting and occasionally palpitations, tachycardia or reflex bradycardia, tingling and coolness of the skin, insomnia, restlessness, tremor, anxiety, urinary retention and hallucinations. Rarely reports of allergic reactions. **RRP:** 16 capsules £2.99. **Legal category:** GSL. **PL Holder:** Wrafton Laboratories Limited, Braunton, North Devon, EX33 2DL. **PL Number:** 12063/0066. **Date of preparation:** June 2006. **Benylin Cold and Flu Max Strength Sachets (Non-Drowsy) product information: Presentation:** Yellow powder for oral suspension, containing 1000mg Paracetamol and 12.2mg Phenylephrine hydrochloride. **Uses:** For relief of symptoms of colds and influenza, including the relief of headaches, aches and pains, sore throat, nasal congestion and lowering of temperature. **Dosage:** Adults and children over 12 years: Contents of one sachet dissolved in hot water. May be repeated after 4 – 6 hours. Maximum of 4 sachets in 24 hours. Under 12 years: not recommended. **Contraindications:** Known hypersensitivity to any ingredients. Severe coronary heart disease or hypertension. **Precautions:** Caution in severe renal or severe hepatic impairment, Raynaud's phenomenon, diabetes, phenylketonuria. Concomitant use of other products containing paracetamol. **Interactions:** The speed of absorption of paracetamol may be increased by metoclopramide or domperidone and absorption reduced by cholestyramine. The anticoagulant effect of warfarin and other coumarins may be enhanced by prolonged regular daily use of paracetamol with an increased risk of bleeding. Phenylephrine may adversely interact with other sympathomimetics, vasodilators and β- blockers. Drugs which induce hepatic microsomal enzymes, such as [illegible] monoamine oxidase inhibitors (MAOIs) and tricyclic antidepressants, may increase the hepatotoxicity of paracetamol, particularly after overdosage. [illegible] for patients currently receiving or within two weeks of [illegible] therapy with MAOIs. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Hypersensitivity reactions including skin rash may occur. Blood dyscrasias, raised blood pressure, tachycardia and occasional bradycardia, [illegible] tremor, anxiety, urinary retention and hallucinations. **RRP:** [illegible] **Legal category:** GSL. **PL Holder:** Wrafton Laboratories Limited, Braunton, North Devon, EX33 2DL. **PL Number:** 12063/0067. **Date of preparation:** [illegible]

Reference: 1. Data on file, Pfizer Consumer Healthcare Benylin Cold & Flu Research, Feb 2004. The B[illegible]

Comment from the editor

A time for professional representation and common sense

How reasonable is it to suddenly expect pharmacists working at airport pharmacies to verify liquids pertaining to be medicines?

The airport operator, BAA, says it is acting on government advice when taking any passenger checking in with liquid medicines to an airport pharmacy to have the medicines verified.

Besides not being paid to do this, there has been an arrogant assumption that pharmacists will comply.

It really is an abuse of power to suddenly put the responsibility for the safety of a plane load of passengers on the shoulders of a pharmacist who has had no say in supplying the medicine. And should a terrorist really be intent on smuggling a liquid explosive on board a plane, is it really appropriate that pharmacy staff should be exposed to a potential bomb?

There's a clear lack of understanding about the nature of medicines if the authorities think it reasonable for a patient to taste a medicine to demonstrate it's not a bomb. Heaven knows what they will do when they realise angina tablets really do contain nitroglycerine.

It is good news, therefore, that the Royal Pharmaceutical Society will take these concerns to the government and BAA, clearly representing the profession. The Society will have to tread carefully as this could be a case where the pharmacists' needs come first, rather than the public interest.

But we need the professional body to point out that common sense has to be applied, otherwise the terrorists, who are normally intent on a high death count, will still be able to derive some satisfaction just from the operational turmoil they can create.

Is it really appropriate that pharmacy staff should be exposed to a potential bomb?

Your views

Should community pharmacy employers revalidate pharmacists?

PDA Comment: Mark Koziol fears employer revalidation could allow inappropriate staffing levels

Chairman of the Company Chemists' Association Digby Emson has seemingly welcomed a proposal made in the Foster Report that allows employers and, in particular, the multiples in community pharmacy to get involved in revalidating pharmacists. Let us think about this for a moment: an employer will be able to decide periodically whether their employee pharmacist should be allowed to stay on the register of pharmacists.

More than a few challenging ideas have emanated in government consultations relating to pharmacy in recent months. However, this suggestion indicates that the author of the Foster Report has little insight into the realities of community pharmacy and this is very worrying.

There are many very good employers in pharmacy who have never treated their employees badly and they may be surprised to learn that, during 2005, the PDA supported pharmacists in more than 700 employer/employee disputes with almost three new cases a day.

It is accepted that pharmacists do occasionally fall foul of reasonable employer expectations and are then caught up in perfectly fair disciplinary procedures. However, the fact that almost £200,000 of compensation has been claimed from employers who have treated their employees harshly or unfairly indicates that, on many occasions, it is actually the employer who is at fault.

Our experiences teach us that a greater control of costs by some employers is causing problems, particularly cost cutting that leads to an inappropriate staffing level or a poor professional working environment in the pharmacy.

These factors lead to many conflicts where typically a pharmacist takes his employer to task over an environmental issue. Things like staffing levels, being instructed by a non-pharmacist manager to supply a P medicine or being told to run a clinic or a quota of MURs without having the appropriate training or facilities. Ultimately some employers deem this to be awkward and disruptive behaviour and find some form of performance complaint against the pharmacist in question.

The deteriorating relationship leads to a disciplinary scenario or even the threat of a referral of the pharmacist to the RPSGB for an alleged form of unprofessional behaviour. In the worst cases, a spurious complaint to the RPSGB is made by an employer, which clearly is an abuse of the regulatory process.

By the time the PDA gets involved, we have constructive dismissal, harassment or discrimination on our hands, which often leads to compensation for the pharmacist, but also an exit from employment.

If anyone doubts that this routinely occurs, then they should spend a day or two in the offices of the PDA.

The relationship between employers and employees/locums is one of the most complex in pharmacy and with the arrival of the responsible pharmacist status for employees is set to become more complex still. Even the best of these relationships can change for the worse in an extraordinary situation. Consequently, that someone could suggest that an employer becomes responsible for deciding whether a pharmacist is good enough to stay on the register is astonishingly inappropriate.

Often when pharmacists go through the mill the only thing that they have left is their professional qualification; if the proposals are allowed to go ahead, then perhaps even that may be taken from them.

A professional qualification is sacrosanct and its continuation should not in any way be linked with the interests of commercialism.

Digby Emson has asked for a debate and I would urge all pharmacists to make clear their concerns on this, the most dangerous proposal for pharmacists yet to surface from any government consultation in recent years.

Mark Koziol is chairman of the Pharmacists' Defence Association

Krayser

Topical Reflections

Scare tactics will make people sick

As the Government tightens its 'security' measures in an effort to justify the gradual erosion of our civil liberties, medicines on planes have come under the spotlight (C+D, August 19, p7) because somebody is running out of ideas. These latest measure are, quite simply, pointless and bizarre.

As liquid medicines do not always come in tamper proof bottles, I will certainly not be putting my name to any guarantee about what the bottle contains when it reaches the airport. And I will certainly not be tasting any medicine to verify its nature. I will admit to dispensing a liquid medicine for a particular patient on a particular date but I am unable to promise that that person's extremist inclinations would not lead them to subsequently fill their medicine bottle with explosive.

Any rule requiring a patient to 'taste' any quantity of their digoxin solution, for example, is plain dangerous. And if these terrorists are prepared to kill themselves I'm sure they can swallow up to 5ml of liquid explosive (whatever that might be) without grimacing.

There seems no real reason to single out liquid medicines above any other. Surely an ingenious mind could disguise a detonator as an inhaler, and I thought anthrax and ricin were powders.

If I had to take regular medication for a chronic condition I would not consider letting it out of my sight, let alone putting it in my suitcase so it could be sent to an airport on the other side of the world. Once the baggage handlers suspect that there might be controlled drugs in your suitcase, expect your nicely folded smalls to be seriously ruffled when they reach the carousel.

At this rate, it won't simply be hand luggage we're going without, we'll all be travelling naked after a full body cavity search. And if you take regular medication, you're better off travelling by road or sea. But at least we will all be so paranoid that we will be fully behind whatever 'anti terror' measure is dreamt up next.

Perhaps one way to stop this becoming the norm would be to start charging to provide an 'authenticated medicines' certificate, in the same way that GPs charge £15 to sign a passport photo. Patients certainly wouldn't like it, so knowing our luck the Department would impose this 'essential' service and add in a miserly sum like the 2p they heralded for checking if a patient had signed the back of a script. Is this what's holding up the 2006 remuneration announcement?

Head lice chemicals on the way out?

I've noticed a gradual decline in OTC sales and prescriptions for head lice treatments as patients become better informed and more pragmatic about treating the condition. But the launch of a non-pesticide product from Lyclear (C+D, August 19, p34) is a sign that practice could be changing for good.

With Lyclear's brand manager predicting that sales of non-pesticide treatments will overtake sales of pesticides next year (C+D, August 19, p30) I imagine it is unlikely that pesticide sales will ever recover. The huge success of Hedrin has shown that this must be the way forward.

Parents must be desperate to avoid putting pesticides on their kids' hair to undertake the laborious wet-combing method instead. And 'alternative' treatments are gaining popularity for every condition, however ill-advised. I inwardly wince when patients ask for 'chemical-free' treatments for some ailments, but here is an area where either option can be effective.

There will still be a market for the tried and tested pesticide products, and as manufacturers of these products battle for market share everyone must be a winner. Increased awareness, better education and a wider choice of treatment should help tackle head lice more effectively than ever before. I wonder if head lice in this country could ever become a thing of the past.

CD

Your views

Where's your evidence Pfizer?

Your article 'Pfizer calls for action against parallel trading' (C&D, August 5, p10) once again carried incorrect and damaging claims from Pfizer that parallel imports facilitate the counterfeiting of medicines.

This is clearly not the case. In these latest cases the counterfeit Lipitor was a copy of the UK product, not a parallel import, a fact subsequently confirmed by the MHRA's head of intelligence Nimo Ahmed, who (as was later reported in C&D, August 12, p6) stated that 'parallel importation is not involved (in either case)'. There has never been a case of counterfeit drugs reaching patients through parallel trade in the UK.

If Pfizer has any evidence at all that legitimate and licensed importers of medicines from the EEA area have been implicated in these cases or any others, they should make it available to the competent authorities. That they have not done so in the two years or so now that these intermittent counterfeit products have been discovered in the UK supply chain, speaks volumes, and suggests that their motives lie elsewhere than purely in patient safety.

This continued finger pointing by Pfizer and others does not help us address the serious issues raised by counterfeit medicines. Rather than apportioning blame, it is time that all who have an interest in the security of the pharmaceutical supply chain – manufacturers, parallel importers, wholesalers and the MHRA – work together to develop an effective strategy to beat the counterfeiters. We are committed to playing our part and are already working with other industry groups, such as the BAPW, PASA, DH, to ensure confidence in the supply chain is maintained. Only by working together will we ensure patients are provided with the highest levels of protection and assurance about the safety of their medicines.

Richard Freudenberg
secretary-general, British Association of European Pharmaceutical Distributors

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Pharmacy Champions

Pharmacists leading the way

Pharmacy Champions

Name
Elaine Stevenson

Pharmacy
Cooks Pharmacy, Southfields, London SW18

What has she done?
The pharmacy is participating in a PCT palliative care service

hat have you set up?
/e are taking part in a local nhanced service developed by /andsworth PCT, designed to nprove the care of terminally ill atients. The service aims to ensure at all patients receive the edicines they need quickly and fficiently with minimal disruption.
We hold in stock a full formulary f drugs commonly used in the care f this patient group. GPs, district urses and palliative care nurses are en able to direct patients with nfidence, knowing they will be able obtain the drugs they need. We gularly audit the service to ensure at supplies are maintained and ug wastage minimised. The service now in its second year, which is a od measure of its success.
We are lucky to have an excellent mmunity pharmacy lead at the T in David Tamby-Rajah, who is ry supportive when we are nbarking on new services and gets volved in assessing training needs, veloping service level agreements d SOPs.
We worked with the PCT and her healthcare professionals to velop the framework for the rvice, which was crucial as it owed us to iron out any problems fore it was rolled out.
I had to review my clinical owledge of palliative care eatments as many patients need vice on the supply of these edicines. This included a training urse run by pharmacists at the cal hospice, a CPPE course and a view of the CD regulations.

ere there difficulties?
e main problem was how to omote the service – terminally ill tients are usually cared for by a ultidisciplinary team and it was al that they all knew which armacies were involved. We ercame this by circulating lists and rmularies to all GPs, district nurses d hospice teams.
Another practical problem was to sure adequate storage for all CD edicines, which involved upgrading r CD cabinet.

ow have the locals reacted?
edback has been very positive, pecially from the patients and their milies. I've built up excellent ationships, which I find very

Any advice for others?
It is really important to have a strong relationship with your PCT and be aware of any new initiatives on offer.

To gain maximum impact, get everyone on board, especially GPs, surgery staff and the whole pharmacy team. Having the correct skill mix allows you to concentrate on getting the most from new services.

Why do you think you've been successful?
You need to have the right mindset to deal with all the new roles expected of pharmacists and accept that dispensing is no longer the main priority. I'm lucky that our regional manager, Ketan Agravat, is very forward-thinking and helps us drive new services forward.

I have found that developing new roles and responsibilities increases job satisfaction and allows me to provide an even better service for the local community.

Nominate your Pharmacy Champion: 01732 377688 or chemdrug@cmpmedica.com

Ridge over troubled waters

Keith Ridge, England's new chief pharmaceutical officer, discusses the challenges ahead for him and the profession

ary Paragpuri

P: How have you found your first few nonths in the job?

R: Busy. I've been getting to know some old riends again. It's been a bit of a whirlwind, with ots of people to meet and to ensure they nderstand some of my priorities and for me to nderstand theirs.

What attracted you to the post?

ecause I had previously worked at the epartment, I could see what the chief pharmacist ould do in terms of influencing patient care.

I recognise it's different from the individual ractitioner dealing with individual patients, and ometimes I miss that, but it became a career hing. I always wanted to be chief pharmacist; I elt it could have a significant broader impact on eople's health.

It came a bit earlier than I expected, to be onest, but here I am and I am enjoying it. It's usy, and there's a lot going on as you might xpect. The agenda is broad and large but I am eally enjoying it.

What does the chief pharmacist do?

he role is broader than many people think, in that t is not simply around advising the Department of Health on matters to do with pharmacy and medicines, but it's actually advising across government on those issues.

Clearly on a day-to-day basis that is focused on he Department of Health. There is also epresentation, in terms of the government policy around health in general. I guess I also liaise strongly with individual practitioners and the profession. And there's leadership.

When you say representation, are you representing the Department to the profession or vice versa?

I guess it's both. It's not just speaking up for pharmacy, it's making people aware of some of the health issues associated with medicines and beyond that. [It's also about] carving out pharmacists' part in the healthcare team and delivery of that. Representation is probably the wrong word, but clearly it's part of it.

What are your top challenges?

I think some of the issues associated with professional regulation are top at the moment. The stuff around Section 60 is clearly important. The consultation has ended, we are in a phase of considering those responses, so that is pretty much top of the list.

But there are other things pretty near. For example, preparing for pandemic flu and thinking about the broad pharmacy and medicines issues. And the UK is one of the best prepared countries in the world as far as pandemic flu is concerned. There are issues that need to be considered around medicines, pharmacy and some of the legislative issues associated with that. We need to consider that if, or should I say when, pandemic flu comes then there have to be measures associated with the legislation to ensure patients have access to medicines.

We also need to make sure that there are sufficient medicines in the supply chain to enable patient care to be assured. There is a broad range of issues to be considered. Take a practical one; if the pharmacy has to close, what do the regulations say about that? It's about making sure everyone is clear about that, and I'll be working with PSNC and the NPA and others on this.

I'm also picking up work around Shipman and it's likely there'll be a review of the [post and undergraduate] curricula associated with controlled drugs across all professions. This will ensure that those who deal with them are fully up to speed not just with their clinical use but with the governance arrangements around that. It's likely to start in the autumn.

In your first few speeches, you've called for collaborative leadership – what do you mean by this?

Leadership at all levels is required at the moment. I tend to take the example of pharmacy's leadership around safe, clinical, cost-effective use of medicines and respecting the patient's choice.

Now I think it is a multi-disciplinary area but pharmacy should be leading that at all levels. That requires leadership in terms of the transformation of the profession from, to some extent, being on the edges of healthcare to being right in the centre. And that will require strong professional leadership.

As the only body representing all pharmacists, the RPSGB has a key role in leading the profession. But it has a problem in that with its dual role it can find it difficult to comment on contractual matters. So how can it get round this?

I guess my personal point of view is that the Society does have a dual purpose and its Council must show strong professional leadership at this moment and over the next few years in order to ensure that the public gets the most benefit from pharmacy and from their medicines.

I think some of the changes to the community pharmacy contract require strong leadership to ensure that all those pharmacy practitioners out there take those opportunities, should they wish to take on more of a clinical role – and Council has a key role in that.

I need to think quite carefully about what we can do to ensure the public understand the changing role of pharmacy

You mention pharmacy's clinical role but, despite the fanfare about how the new pharmacy and GMS contracts would see the two professions working together, the past 18 months has seen the opposite in some cases. Is there a responsibility on the Department to ensure there is better dovetailing?

There is absolutely a responsibility for the Department to ensure a multi-disciplinary approach – the last Primary Care Contracting bulletin on practice based commissioning focused on pharmacy. This was to ensure that, as practice based commissioning happens, pharmacy and what it can offer is on the table.

It does however need individual practitioners to go out there and work very closely with GPs and others to ensure their services are considered as part of the options around the delivery of care. I will do my best to ensure that guidance on commissioning is based around a multi-disciplinary and not a uni-disciplinary process because patients demand that choice.

There is also something in how the public perceives pharmacy, and what it can offer to the extent that the public begins to demand such services. It's certainly something I would like to see happen soon. It's not a short campaign, it's more about being part of the cultural shift around pharmacy at the moment and the public need to be involved in that.

Is there also an issue about getting more joined up thinking among government policy makers, so that GMS and pharmacy are seamless?

If you look at Choosing Health through Pharmacy, that's clearly a very multi-disciplinary document and indeed I'm now leading a multi-disciplinary group looking at its implementation.

I expect some significant progress on that over the next year or two. I hear what you are saying but taking public health as an example, my overview is that most medical public health practitioners are supportive of pharmacists' role in public health.

The contract is beginning to pull in bits such as public health campaigns, which are underlining the government's support for a public health role for pharmacy. If you look at Wanless and what's required over the next few years to engage the public in their own health then, in my view, pharmacy has a key role in that.

I guess what's happening at the moment in terms of skill mix and the Health Bill will give that flexibility to enable pharmacy to begin to develop those roles.

Of course it's fantastic pharmacy has a public health plan, but is this enough? How about commissioning a service such as smoking cessation across all pharmacies as part of the public health strategy?

There are clear PSA [public sector agreement] targets which pharmacy needs to contribute to. There's also the need to get on with the implementation of Choosing Health through Pharmacy. Now I'm personally prepared to consider options like that, why not? If you look at smoking cessation, for example, it seems to me that would be an ideal opportunity if it was rolled out countrywide. As a one off it's a good idea but the reality of that might be slightly different.

> There's some fundamental changes happening to structures and the message is keep calm

I guess it is up to the pharmacy bodies to bring those options to you?

I think that you're exactly right. The agenda is huge, there are some obvious priorities. Smoking is clearly one of those, weight management is another, and even men's health. I'm prepared to consider them in the style that I suggested earlier around leadership from the profession and I don't just mean the Society, I mean the bodies working together to create those opportunities. I'm absolutely prepared to consider those.

With NHS deficits having hamstrung pharmacy development, service commissioning is short-term and variable across PCTs. Can you assure pharmacists they will have the opportunity to set up as independent prescribers or practitioners with special interests?

I think I can reassure them that those opportunities are coming. You've mentioned pharmacists with a special interest – guidance around that I would expect to see quite soon, certainly within this calendar year. I think it's absolutely essential that pharmacists have the opportunity to utilise those skills and there's absolute commitment from the Department around that.

What we need is people on the ground to do it, to work across multi-disciplinary teams. I recognise that, on occasion, that needs a bit of a push from above. But at the end of the day it's about the practitioners going out there and doing it.

So what's your prediction of where pharmacy will be in five years' time?

I think some of the work that's going on at the moment is creating opportunities – the work around the Health Bill, which I don't think is anything to be afraid of, is creating opportunities that people have demanded for many years.

In five years' time what I'd like to be able to do is go up to a member of the public and ask them what they think about pharmacists and what they do. They will say something like: "Well they really care for me, they make sure I know what I'm doing with my medicines but we work together on that. They also help me with my general health. I often see them not just in the high street but also in my home but it's up to me. I see them in the hospital and again they care for me in looking after my medicines."

That type of comment from the general public would be what I am aiming for because it would demonstrate that pharmacy has become part of the NHS family, a deliverer of care, and across the board range of care, and part of the public health team too.

Do you have a message for pharmacists?

There's a lot going on. There's some fundamental changes happening to structures and the message is keep calm, there are some fantastic opportunities coming.

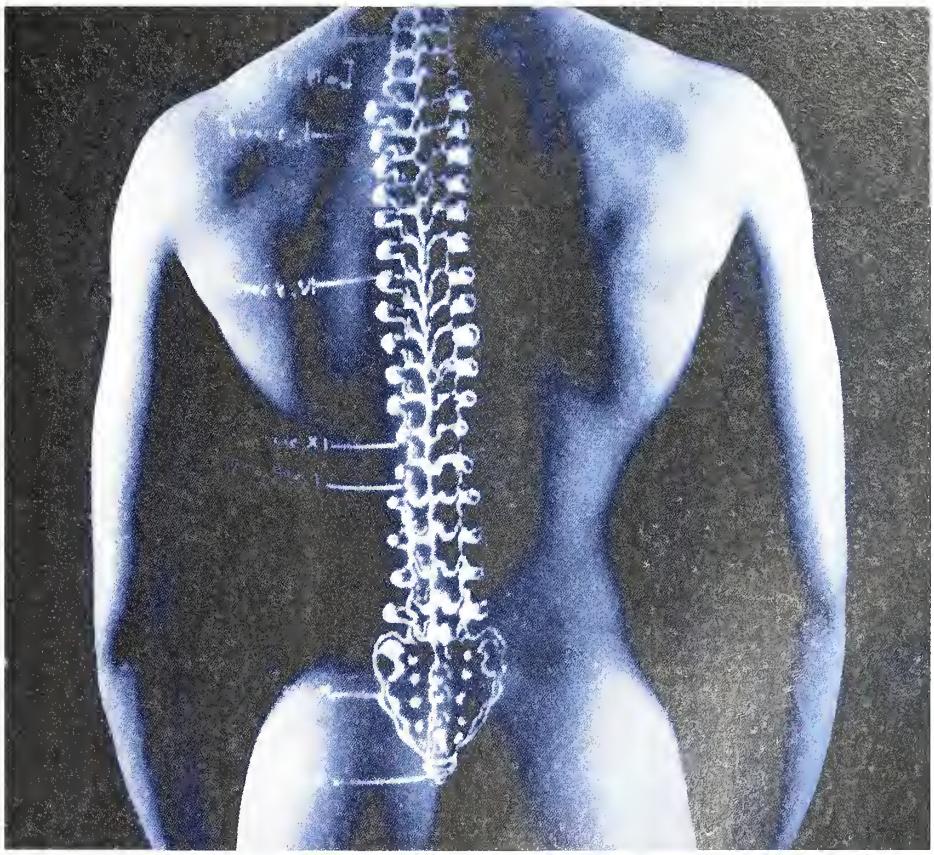
I said recently that independent prescribing is the beginning of a new era and I absolutely believe that. And it's not just prescribing, there's a whole range of opportunities coming. Hang in there and

C+D Clinical

Back to basics

C+D reviews low back pain, including the evidence supporting OTC and alternative treatments and when to refer

Paul Rutter



At some point in their lives, almost all adults will suffer from low back pain. The economic burden to society is huge, with over five million working days lost in the UK during 2003-04.

Back pain is sub-divided into three classes: acute, lasting less than six weeks; sub-acute (six to 12 weeks); and chronic (over 12 weeks). Only patients presenting with acute low back pain should be treated through pharmacies. Key features are shown in Table 1.

Diagnosis

In most patients diagnosis will be straightforward. Over 95 per cent will have simple back pain (also referred to as non-specific or uncomplicated low back pain). It is very unlikely a pharmacist will encounter a patient with serious spinal pathology (see Table 2).

But it is still important to take a thorough history to confirm the diagnosis and inform treatment. Most questions will focus on the pain experienced and are listed in Table 3.

The age of the patient will also have a bearing. Patients over 55 years are more likely to have serious underlying disorders such as osteoporosis, malignancy and metabolic bone disorders. Even slight trauma in the elderly can result in compression fractures. Children, too, have a higher incidence of identifiable and potentially serious causes, eg spondylitis and malignancy.

Other causes

Nerve root compression (sciatica) is the main condition to exclude. The nature and type of pain depends on the extent and location of disc herniation. If disc herniation is minimal, the pain is characteristically dull, deep and aching, is usually felt in the upper rather than lower part of the leg, and spreads from the lumbar spine. If the disc ruptures or herniates, it presses on the nerve root giving the pain a 'shooting' quality.

The two serious spinal pathologies to rule out are osteomyelitis (bone infection) and malignancy. The former is characterised by fever, and the latter by significant weight loss, anaemia, general malaise and night pain. Table 4 lists 'red flag' signs and symptoms that should trigger referral to the GP.

OTC treatments

An array of products and treatments is available, from analgesics to complementary therapies such as osteopathy. The following recommendations take into account UK guidelines issued by PRODIGY (which follow the 2004 European Guidelines for the management of acute simple low back pain in primary care) and also some recent Cochrane reviews.

Conservative treatment Bed rest was once widely prescribed for patients with low back pain. However, it is now widely accepted that prolonged bed rest is counter-productive and a recent Cochrane review concluded that people advised to rest in bed suffered from more pain and took longer to recover.[1]

OTC oral analgesics When prescribed as monotherapy, all systemic analgesics have proven efficacy at standard doses, and NSAID use for seven to 10 days is widely advocated. However, OTC compound analgesics containing codeine (from 8 to 12.8mg) and dihydrocodeine (7.46mg) do not produce statistically significant reductions in pain compared with single agents, so their routine use should be discouraged.

The College of Pharmacy Practice

This course (module 1379), in association with multiple choice questions being published in C+D September 2, provides one hour's continuing education

CPD

This article can be used for the following CPD competencies: G1a, C1b, C1f, G1f. See www.tinyurl.com/19dau

Topical NSAIDs Topical NSAIDs have been available OTC in the UK since ibuprofen was deregulated in 1988. Yet controversy has surrounded, and to some extent still does, their efficacy. For topical NSAIDs to work they must penetrate the skin, be absorbed into tissues, and be in sufficiently high concentration to inhibit COX enzymes. Experimental results suggest that NSAIDs do penetrate the skin but peak plasma concentrations are much lower than oral NSAIDs (about 5 per cent of oral plasma levels). In 2004, a review by Mason et al showed topical NSAIDs to be significantly better than placebo in 19 of the 26 trials, reviewed with an NNT (number of people who need to be treated to produce one additional successful outcome) of 3.8.[2]

Rubefacients Rubefacients (also known as counter-irritants) have been incorporated in topical formulations for decades. They cause vasodilation, producing a sensation of warmth and thereby distracting the patient from experiencing pain. Until recently evidence has been lacking, but a systematic review of three trials looked at the efficacy of rubefacients containing salicylates in acute conditions.[3] Salicylates were found to be significantly better than placebo with an NNT of 2.1. Although the NNT is low it should still be interpreted with caution as it was derived from only 182 patients.

Complementary therapies

A limited but growing body of clinical evidence exists to assess whether complementary therapies are effective. In light of increasing public interest and the expanding volume of literature, four Cochrane reviews have been conducted on heat and cold therapy (2006), herbal remedies (2006), acupuncture (2005) and massage (2002).[4-7]

Superficial heat and cold Applying heat or cold to superficial musculoskeletal injuries is a popular lay recommendation. Devices range from hot water bottles, heat pads and infra-red lamps to ice packs. A Cochrane review identified nine trials that met the inclusion criteria (six trials involved heat and three trials cold therapy), and concluded that continuous heat wrap therapy reduced pain and disability in the short term to a small extent. However, no conclusions could be drawn on cold therapy because of the limited nature of the available data.

Herbal remedies Several herbal medicines have been reported to be analgesics, some of which have been tested for relief of low back pain symptoms. A Cochrane review assessed three active constituents: *Harpagophytum procumbens* (devil's claw), *Salix alba* (white willow bark), and *Capsicum frutescens* (cayenne). Devil's claw and willow bark reduced pain more than placebo and were equally effective as 12.5 mg of rofecoxib. Cayenne (as a plaster) reduced pain more than placebo.

Acupuncture The available evidence for acupuncture in acute low back pain does not support its use. However, if used in chronic back pain acupuncture is more effective for

Table 1: Key features of acute low back pain

Prevalence and epidemiology	• Men and women equally affected. • Most common between ages 30 and 55.
Predisposing factors	• Occupational – heavy manual labour, remaining in static positions for long periods (eg drivers). • Social and domestic, eg sports involving excessive twisting, cleaning and gardening. • Psychosocial – anxiety and depression. • General lack of fitness.
Prognosis	• Over 90 per cent of patients will get better within six weeks, although up to two thirds will have a recurrence within one year.
Presenting symptoms	• Pain in the lower lumbar or sacral area, usually described as aching or stiffness. • Reduced mobility. • Quick onset of symptoms, especially in acute injury.

Table 2: Possible causes of low back pain seen in primary care

Probability	Cause	Management
Very common (95 per cent)	• Simple back pain	OTC
Unusual (3 to 4 per cent)	• Nerve root compression (eg sciatica)	Refer to doctor
Rare (less than 1 per cent)	• Osteomyelitis • Compression fracture	
Very rare (less than 0.4 per cent)	• Malignancy	

Table 3: Questions to ask the patient

Question	Reason
Location of pain	• Patients who can point to a specific part of the lower back tend to have an acute injury involving the muscles. More diffuse pain is often a result of prolonged static posture.
Radiation of pain	• Pain that radiates into the buttocks, thighs and legs implies nerve root compression.
Nature of the pain	• Simple low back pain rarely gives rise to sharp, stabbing or shooting pain. This generally implies nerve root compression.
Onset	• Acute and sudden in onset – likely to be muscle strain in the lumbosacral region. • Simple low back pain often coincides with recent exertion, eg bending, twisting, lifting or vigorous physical activity. • Low back pain that is insidious in onset should be viewed with caution and patients referred.
Severity	• Establish the degree of pain and any analgesics already tried. This should help gauge whether OTC analgesia will help. Pain is very subjective but a numeric pain intensity scale may help (0 = no pain, 10 = worst possible pain).
Restriction of movement	• People with disc herniation usually have difficulty in sitting down for long periods. • Simple low back pain worsens with physical activity and is relieved by rest. • Systemic causes of backache are usually worse with rest and disturb sleep.
Weakness or numbness	• Progressive muscle weakness should be viewed with caution and patients referred.

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Table 4: Referral signs and symptoms

Symptoms/signs	Possible danger/reason for referral
• Fever	Osteomyelitis
• Pain radiating away from the lower back	Sciatica
• People under 20 or over 55 years if pain cannot be attributed to physical activity or an acute presentation • Numbness • Persistent and progressively worsening pain • Weight loss • Feeling unwell	Possible sinister spinal pathology
• Failure of symptoms to improve after four weeks	Requires further investigation as pain becoming sub-acute and requires medical intervention

pain relief than no treatment in the short term. **Massage** Eight randomised controlled trials were identified for the review, which concluded that massage might be beneficial in non-specific back pain when combined with exercises and education. However, the results were less convincing for acute low back pain and insufficient evidence exists to recommend this as a credible treatment.

See www.dotpharmacy.com for references.

Further reading:

Koes, BW, van Tulder, MW, Thomas, S. Diagnosis and treatment of low back pain. Br Med J 2006; 332:1430-1434.

Websites:

PRODIGY – www.prodigy.nhs.uk/home

The Cochrane Library – www.nelh.nhs.uk/cochrane.asp

BackCare: the charity for healthier backs – www.backcare.org.uk

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Key points

- Almost all causes of acute low back pain will be muscle strains brought on by physical activity or prolonged periods of sitting.
- Pain that radiates, progressively worsens or wakes the patient at night must be referred.
- Patients should remain active and take systemic ibuprofen for seven to 10 days unless contraindicated, when a topical NSAID or salicylate rubifacient should be recommended instead.
- There is evidence that some herbal remedies are effective but other complementary therapies should not be recommended.

Continuing professional development

Reflect

Do you know what types of low back pain can be treated in the pharmacy and which should be referred? What questions should you ask the patient? What is the treatment of choice?

Plan

If you read this article you will know the possible causes and key features of acute low back pain and the best ways to treat it.

Act

- Besides drug treatment, think about other practical advice you could give to people who present with acute low back pain. Find out what back exercises you might recommend for otherwise healthy people and try to obtain useful leaflets on, for example, avoiding back pain when driving for long distances. Also find out how to lift objects to reduce the risk of straining the back. The Chartered Society of Physiotherapy (www.csp.org.uk) and the BackCare charity (www.backcare.org.uk) might be able to help.
- Find out more about topical preparations used to treat pain.
- In your practice workbook, record the next 20 cases of backache you see. What was the underlying cause? How did you treat these people? How many preferred topical treatment? What drug did you recommend? Was it a simple analgesic?

Evaluate

Having read this article do you feel more confident that you can distinguish between major and minor backache? Have you changed the selection of minor analgesics you recommend? Did you have faith in alternative therapies for back pain, and how do you feel about it now? Perhaps you could do a literature search on this subject.

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the September 2 issue, which will cover this week's CPP-accredited module, together with those in the August 12 and 19 issues. These will cover:

Haemorrhoids (1377)
Crohn's disease (1378)
Low back pain (1379)

A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on 01732 377269.

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A Practical Approach...

It is almost closing time when a middle-aged man enters Update Pharmacy. Pharmacist David Spencer is at the counter. "Hello Mr Martin. Taking a quick break from globetrotting to visit us?"

"Travelling the world for my job may seem glamorous but it makes it really difficult to get to the GP if I need to," replies Mr Martin. "I've had this sore shoulder that's been getting worse for a couple of weeks now. I just got back this afternoon and I'm off again in the morning, but I popped down to that drop-in centre that's just opened and got to see the doctor almost straight away!"

He hands over a prescription for diclofenac 50mg tablets. David looks at it and frowns: "Aren't you on warfarin at the moment? I seem to remember you saying a few months ago that you had pains in your leg after a long-haul flight, you went to A&E, and they put you on it for a small blood clot."

"You've got a good memory Mr Spencer. Yes, I'm still taking warfarin and I go to the anticoagulant clinic every month."

"Did you tell the doctor at the drop-in centre?" David asks.

"No, it didn't occur to me, and he didn't ask. Is there a problem?"

Questions

1. What is the problem with Mr Martin's prescription?
2. What could David do about it?

CPD This article can help in the following CPD competencies: G1d, C6d, C1f, C1c. See www.tinyurl.com/194zu

DTB opposes minocycline for treatment of acne

The use of minocycline for acne is unjustified, as other tetracyclines are safer, cheaper and as effective, the Drug and Therapeutics Bulletin has said.

Minocycline is one of the most commonly prescribed antibiotics for acne, yet the research that proves its superiority over other topical or oral treatments is of poor quality, says the DTB. It adds that the side effect profile of minocycline is worse than related drugs, with a higher risk of lupus-like syndromes, and an association with slate-grey pigmentation of the skin and liver injury.

Although minocycline has a once-daily dosage regimen and does not need to be taken on an empty stomach (unlike older tetracyclines), lymecycline and doxycycline share these benefits. Furthermore, the DTB states that the NHS cost of minocycline far exceeds that of doxycycline, oxytetracycline or lymecycline.

A separate article in the same issue states that topiramate should only be used for migraine prophylaxis in patients unresponsive to or intolerant of other treatment options. Although the drug was licensed for this indication last year, the DTB points to its unfavourable side effect profile (including weight loss and depression) and limited evidence of efficacy.

For more information:
DTB 2006; 44 (8): 60-62, 62-64

In brief

Evotrox and Metsol

Kappin Ltd has introduced two new products, Evotrox and Metsol oral solutions.

Evotrox is a sugar, colour and lactose-free preparation containing levothyroxine and is available in three strengths – 25mcg, 50mcg and 100mcg per 5ml. The pack size of all three is 100ml. Metsol is a colour and sugar-free product containing metformin 500mg per 5ml in a 100ml bottle.

Prices and pipcodes: Evotrox 25mcg/5ml 100ml £42.75 323-4374, 50mcg/5ml 100ml £44.90 323-4382, 100mcg/5ml 100ml £52.75 323-4390; Metsol 100ml £59.90 323-4408. Kappin Ltd, tel: 020 8902 3736.

New childhood vaccine

Infanrix-IPV+Hib is the new vaccine being introduced by GlaxoSmithKline from September.

Indicated as a primary vaccination against diphtheria, tetanus, pertussis, poliomyelitis and haemophilus type b diseases in individuals from the age of two months, the product is suitable for administration by deep intramuscular injection only. The schedule is two or three doses – separated by at least four weeks – in line with official recommendations. For more information, telephone GSK's customer contact centre on 0808 100 9977.

Imunovir changes

Ardern Healthcare has announced a number of changes to Imunovir 500mg tablets, a product it distributes for Dublin-based maker Newport Pharmaceuticals.

The generic name for the antiviral has changed to inosine acedoben dimepranol (previously inosine pranobex). In addition, the tablet size has been reduced, making it easier to swallow, and the glass bottle has been replaced by blister packs in boxes that feature Braille labelling. For more information, contact Ardern on 0800 195 7400.

Dolobid

The Dolobid range (diflunisal) is being discontinued, Merck Sharp & Dohme has said. Based on current demand, supplies are likely to remain available until October.

A Practical Approach... last week's answers

1. Cystitis is inflammation of the bladder and urethra. Microbial infection is the cause in about half of all cases.
2. It usually has an abrupt onset, and often begins with an itching or pricking sensation in the urethra. It is characterised by a frequent desire to urinate (although only a few drops may be passed), and burning or stinging when passing water. The urine may be dark and cloudy, and have an unpleasant fishy odour. The patient may have a fever, and complain of pain in the suprapubic area or lower back.
3. The symptoms are not typical of cystitis, and may indicate a kidney infection.
4. David should not sell the product, but refer the customer immediately to a doctor.

Anethaine's back

Anethaine cream (1 per cent tetracaine HCl) has been reintroduced by Torbet Laboratories.

The cream is indicated for relieving itch and itch and stinging associated with insect bites and nettle stings.

The P product was last available at the beginning of 2004 but manufacturing problems meant production was stopped. Torbet has now changed suppliers and manufacturer and does not envisage further supply problems.

Price: £3.95
Pack size: 25g
Pip code: 001-2682

Product info:
Torbet Laboratories Ltd
Tel: 01603 735200

Duo support for Canesten

Canesten Duo is to receive extra support through a new £1.5 million television campaign.

The advert communicates the benefits of Canesten Duo – a capsule to treat the internal problem and a cream to give relief from itching – through a simple product demonstration. It uses the analogy of a woman looking in the mirror with the slogan: "When you feel better on the inside, it shows on the outside."

Product info:
Ceuta Healthcare
Tel: 01202 780558

It's a Mistry with neem oil

Mistry's Organic has introduced eight body care products based on neem oil taken from neem tree seeds. Neem is a traditional Indian remedy.

There are three shampoos and conditioners: 4Mee, an antiseptic shampoo and conditioner; Jinee and Nemee, which also contain korean ginseng, aloe vera, calendula, rosemary, jojoba oild and sandalwood oil.

Sportee is a pain relief balm which also includes St John's wort. Reepelit is an insect repellent. There is a shower gel called Mustee which also contains sea salt, lemongrass, lavender and turmeric and a body moisturiser called Alvees, which contains wheat germ oil and vitamin E.

Prices:
4Mee Antiseptic shampoo and conditioner £3.49, other shampoos, conditioners and shower wash £2.99, Alvees moisturiser £3.99, insect repellent £1.10, pain relief balm £1.75

Product info:
Mistry's Organic
Tel: 020 7794 0848

Nucare puts best foot forward

Nucare has introduced a range of six footcare products. The range is available with Nucare's new customer display units, which can be ordered with the products.

The range includes hydrocolloid blister pads, which can be cut to shape; corn pads with self-adhesive foam cushioning; foam padding which can be cut to size; a corn and callous file for dealing with hard skin; toe foam to fit over toes to prevent rubbing from shoes; and bunion pads.

Prices: blister pads £1.55 for four; corn pads £1.45 for 12; bunion pads £1.55 for four; foam padding £1.35; corn and callous file £3.39; toe foam £1.55

Product info:
Nucare
Tel: 01908 423500

Omron R7 first on website

The Omron R7 wrist blood pressure monitor is the first to be listed on the British Hypertension Society's website. The website recommends blood pressure devices suitable for clinical and home use.

Omron's Advanced Positioning Sensor technology means the R7 offers greater accuracy, as the device can't be used unless properly positioned before a measurement is taken.

Price: £119.95

Product info:
Omron
Tel: 01908 258285

Products advertised on TV next week

Bio-Oil: All areas except CTV, LWT, CAR, GMTV, Sat
Bisodol: C4
Canesten Duo: All areas
Daktarin Dual Action: Sat
Deep Heat patch: All areas except U, five
Full Marks: C4, five, CMTV, Sat
Hedrin: five, GMTV, Sat
Huggies Dry Nites, Little Walkers: All areas
Kool 'n' Soothe Kids: GMTV
Kool 'n' Soothe Migraine: GMTV
Lamisil Once: All areas except GMTV
Nicotinell: All areas except GMTV
TENA Lady Mini Magic & TENA pants: All areas
Voltarol Emulgel P: All areas except GMTV, Sat
PharmaSite for next week: Zantac – Windows, **Zantac** – In-store, **Allergan** – Dispensary
Pharmacy channel: DTECTA Probiotics, Solpadeine

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

NUROFEN FOR CHILDREN

Specially developed for babies and children

When a baby reaches 3 months there are lots of new things he can do

pump his legs and arms

Smile spontaneously and laugh out loud

and take Nurofen for Children when he has a fever

PRODUCT INFORMATION: NUROFEN FOR CHILDREN: Suspension of ibuprofen 100mg/5ml. **Indications:** reduction of fever, and relief of mild to moderate pain. **Dosage:** 20–30mg/kg bodyweight in divided doses (see pack for details). Not suitable for children under 3 months of age unless advised by a doctor. For oral administration. For short term use only. **Contraindications:** Hypersensitivity to constituents. History of, or existing peptic ulceration. History of asthma, rhinitis or urticaria associated with aspirin or other NSAIDs. **Precautions and Warnings:** If symptoms persist for more than 3 days, consult a doctor. Do not exceed the stated dose. Caution in patients with renal, cardiac or hepatic impairment. Asthma sufferers, anyone allergic to aspirin, receiving any other regular treatment and pregnant women should consult a doctor before use. Nurofen for Children is not suitable for patients with stomach ulcers or other stomach disorders. **Side Effects:** Hypersensitivity reactions including (a) non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or (c) assorted skin disorders, including rashes of various types, pruritus, urticaria, purpura, angioedema and, more rarely, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Side effects may include abdominal pain, nausea, dyspepsia and gastrointestinal bleeding and peptic ulceration, renal failure. Also very rarely thrombocytopenia. Bronchospasm may occur in patients with a history of aspirin sensitive asthma. **Product Licence Holder:** Crookes Healthcare Ltd, NG2 3AA.

Legal Category: P. **MRRP:** 100ml: £3.59. 150ml: £4.59 **Nurofen for Children:** PL 00327/0085. **Date of preparation:** June 2005.

References:

1. Sidler *et al.* A double-blind comparison of ibu[illegible] paracetamol in juvenile pyrexia. *Br J Clin Pract* [illegible] **44**(suppl70):22–25.
2. Kelley MT *et al. Clin Pharmacol Ther* 1992, 52

Listerine revamp

Mouthwash brand Listerine has been revamped with new packaging across the range.

The revamp is designed to simplify consumer choice and emphasise Listerine's core claim that it reduces plaque by up to 56 per cent more than brushing alone.

The new look will also give the brand greater prominence in store, says the company, and it will be supported by a multi-million pound advertising campaign.

Product info:
Pfizer Consumer Healthcare
Tel: 01304 616161

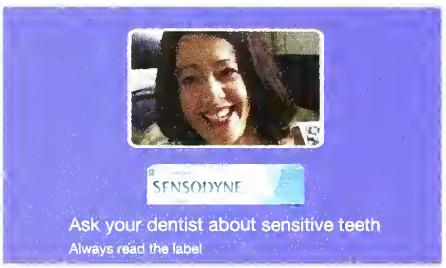
New face for Sensodyne

GlaxoSmithkline is introducing a new face to its Sensodyne TV campaign.

Sammie is the latest addition to the company's "member of the public" campaign and she explains how using a sensitive toothpaste has made a difference to her life. There will be increased TV coverage for the ad in September and then continuing with a week on, week off schedule until at least the end of October, bringing the ad spend up to £8.96 million.

The new television advert will be supported by a national press campaign which continues until the end of November.

Product info:
GlaxoSmithKline
Tel: 020 8047 5000



Products in brief

Oilatum

Due to wrong information being supplied by the manufacturer of Oilatum, Stiefel, the September C+D Price List omits two items. Oilatum Lotion 200ml (Pip code 289-0382) and Oilatum Soap 100g (Pip code 015-2868) continue to be available through normal channels.

Dulcolax pack change

Pack sizes of Dulcolax suppositories have been changed. A new 12 pack will replace the current 10 and 20 packs, which will be discontinued next month. The new size pack will retail at £3.75. Dulcolax Suppositories for Children are not affected.

Product info:
Boehringer Ingelheim
Tel: 01344 424600

Love's labours found

Bon Viveur

In Stratford a huge industry based on pilgrimage to Shakespeare's birthplace has developed, bringing with it wealth and a thousand souvenir opportunities to relieve the gullible of their money; and an unforeseen result has been that it is impossible to get a good meal there.

Restaurants that have a surfeit of transient trade have no need to strive for repeat business and hence for years Stratford has been a gastronomic desert of poor cooking and high prices.

So a new venture by Steve and Clare Love, late of the eponymous Love's Restaurant in Royal Leamington Spa, and situated only five miles south of Stratford, is worth investigating. Can it overcome the curse of Shakespeare? I took my dining companion to find out.

The College Arms is an old pub in the village of South Quinton. From the outside it looks like any other village pub, a little down at heel perhaps and facing the village green, but inside you can see that like Shakespeare, the Loves have had a dream – a dream to create a food beacon in a desert of mediocrity – and build a family home at the same time. Like Shaun Hill, when he left Gidleigh Park to open The Merchant House (and invent Ludlow as a foodie haven), Steve wants to cook in his own way for a small but enthusiastic clientele and Love's at the College Arms is the result.

Love's is a 14 cover room, decorated in coffee and cream. It offers only a seven course tasting menu for three days a week but what a menu it is. A meltingly soft foie gras with roasted figs, jammy and rich, was excellent. Lobster with parsleyed potatoes was a mixed success – lobster good but I didn't care for the pairing with potato. A banana sorbet with pork scratchings (I kid you not) was as superb as it was surprising. Trio of lamb with sweetbreads was beautifully cooked but would have benefited from a little more jus. There then followed a procession of desserts – a tremblingly soft passion fruit crème, marinated pineapple and a dessert plate including a splendid raspberry soufflé, one test of a good kitchen.

The wine list is wide ranging and well chosen. We had a half bottle of Chablis followed by a delightful Chateau Talbot 1995 – my favourite year of my favourite district. Wine mark ups were reasonable.

This is cooking of the highest quality, cooking that is serious but not conceited, cooking which is innovative but true to its essentially French roots.

Problems? Apart from Love's, the pub also boasts a public bar and a gastro pub restaurant – Henry's. Managing the three types of clientele is going to be difficult. The lounge for Love's Restaurant is on a corridor from the kitchen and next to the gents (which afforded my companion a regular view of Warwickshire's finest Falstaffian beer bellies and white knees whilst enjoying aperitifs); and there is still more renovation needed to bring the facilities up to a standard that matches the food, but overall Love's Labour is not Lost and All's Well That Ends Well.

Would I go here again?
Definitely yes and so should you. Go now and go often!

What would I change?
The Love's Restaurant lounge. Enjoying your aperitifs in a corridor is not ideal.

And how much?
The seven course menu is £48 or £75 with wine.

Address
The College Arms, Lower Quinton, Stratford-upon-Avon CV37 8SG
Tel: 01789 720342
www.thecollegearms.co.uk

Eurofile update

Jörn Runge reports on striking Italian pharmacists, the expansion of Lithuanian pharmacies, further German angst, and slow uptake in Slovenia

Italy

Last month around 93 per cent of the 16,000 Italian pharmacies went on strike throughout the country to protest against the government's plans to liberalise the pharmacy sector.

Only one day after the European Commission demanded that its member states should open their pharmacy markets, the Prodi government proposed a law saying that prescription medicines will no longer have to be dispensed by pharmacies only. The Italian parliament has to vote on the government proposal this summer.

The Italian government hopes to save up to 20 per cent on medicine costs while 10 per cent of the Italian pharmaceutical market would be affected by this reform. Furthermore, Rome plans to allow the sale of OTC medicines outside of pharmacies. And pharmacists could also face fiercer competition from pharmacy chains as the government intends loosening the tight controls regarding the maximum number of pharmacies within a pharmacy business. The Italian press is also predicting that operating licences which are necessary to open a pharmacy could no longer be transferred to pharmacists' children in the future.

In protest at all this, many pharmacists closed their shops and hundreds of them demonstrated in front of the parliament. Besides there being unrealistic expectations about how big the savings would be, pharmacists argue that the liberalisation would commercialise the health system. They fear that only big groups such as supermarket chains would benefit from it.

Lithuania

The pharmaceutical market in Lithuania has proved to be one of the most profitable in Europe with an increase by 17 per cent in 2005 to €329 million.

While international chains like Tamro have already started their commercial operations in the Baltic state, national business players are going to follow. One of them is Norfos Mazmena (Norma Retailing), the operator of one of the biggest grocery chains in Lithuania called Norfa.

Dainius Dundulis, chairman of Norfos Mazmena, announced earlier this year that the group had been developing the idea of setting up a pharmacy chain for a couple of years. Since then, the group has established a new company, Norfos Vaistine (Norfa Pharmacy) and opened its first six "N" branded pharmacies in Vilnius, Radviliskis, Jurbarkas, Jonava and two in Marijampole.

Although the group has never had pharmacies of its own before it is planning to establish at least 45 pharmacies in 2006 with a sales target of about €8.7 million in total. "A pharmacy will open in every Norfa store, where technically possible," said Mr Dundulis.

In a press release the Norfa group announced that its shareholders have decided to invest in the pharmacy chain in order to ensure a full range of services to customers. "Until now, most of Norfa's regular customers used to buy their groceries at Norfa, but go to its rivals for medicines."

Germany

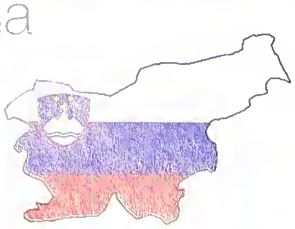
After the Dutch internet pharmacy DocMorris got a licence to run a shop in Saarbrücken, the German pharmacy market is facing its biggest changes ever. For the first time an incorporated company has opened a pharmacy branch on German soil. As there are no restrictions for pharmacy start-ups pharmacists and their representatives fear that well-funded investors from abroad will set up big pharmacy chains in the future.

DocMorris's operating licence is said to be a result of "pressure from the highest ranks in the Saarland" agreed behind closed doors, to make way for wider liberalisation. Saarland's health minister Josef Hecken, of the Christian Democrats, has come in for particular criticism, and is accused of violating national law. Furthermore, the legal opinion Mr Hecken is using to justify the decision is said to contravene the legal and administrative practice in all German states.

There is also some controversy over who actually funded the legal opinion being cited by Saarland, with Doc Morris's name being mentioned.

While small businesses may be demonstrating their anger, pharmaceutical wholesalers are being more measured. Fritz Oesterle, Celesio's chief executive, announced that the group has no plans to invest in pharmacy chains so far. "We will see whether there is a political initiative which will provide order in this liberalisation process, or if we will have wild west methods." Celesio, Dr Oesterle is quoted, is not counting on the German market too much for the future; much more lucrative is the British market where the company owns Lloydspharmacy.

Slovenia



Economic experts predict that Slovenia will be the only state among the mid and east European countries that will reach the average gross domestic product of the EU in the next decade. Nevertheless, the country is still struggling with its efforts to liberalise its small pharmacy market.

Although the government started its privatisation efforts back in 1992 the results are meagre. After more than a decade, fewer than 80 from around 300 pharmacies are private; the remainder of pharmacies are state owned so pharmacists here are civil servants with fixed incomes.

And even though the government in Ljubljana changed the law in 2004 to end the restrictions regarding new businesses there are no noteworthy results. One of the reasons is said to be the bureaucracy involved in getting an operating licence.

Before the responsible municipal administration can grant a permit, it requires not only statements from the Slovenian Chamber of Pharmacy and the health insurance body, but it also requires the health ministry's permission.

As it is only public pharmacies that can form chains, there are just regional combinations of up to 30 members. The sale of non-prescription medicines is limited to verified pharmacies and such medicines must have a valid licence for selling in Slovenia. The internet sale of medications that require prescriptions is still prohibited.

Vaseline Intensive Care

Intensify your profits

- Vaseline relaunch is being supported by a £4 million investment, including TV
- Healthy Feet & Legs is the new exciting addition to the Vaseline Intensive Care range
- New packaging and improved formulations* across the Vaseline skin and deo range

Unilever

*except Firming & Nourishing and DermaCare™ body lotion

Driving patient awareness and recruitment

For new pharmacy services to be successful, they will need to be marketed. This article discusses the challenge of promoting patient awareness and recruitment

Jonathan Burton

Pharmacists are increasingly introducing new patient intervention services, such as medicines use reviews (MURs), smoking cessation services, and disease-specific programmes. For these services to be successful, it is essential:

- To interest patients in the services – they have to be aware of what is on offer and the benefits to them.
- To have an efficient system for recruitment – patients have to be encouraged to take advantage of the services.

This requires marketing of the pharmacy services. There is a tendency to see marketing only in terms of large advertising and publicity budgets.

CASE STUDY

Jonathan Burton

Experience with promoting our emergency hormonal contraception service demonstrates how window displays can be a powerful marketing tool. When we started using window display material, provided by the PCO, the numbers of clients quickly doubled.

This service also provides an example of the need to tailor your information: we avoid using the abbreviation EHC, which might cause some confusion. Most clients will understand the term "emergency contraception" and we also refer in advertising to our "free morning-after pill" service.

Think about the resources already available in the pharmacy that can be used to promote services. These include staff and physical resources, such as posters and leaflets.

Increasing awareness

There is no point introducing a service if no one knows it is available. Patients, and other healthcare professionals, need to be informed about any new service that is being offered.

Pharmacy teamwork is important for driving patient awareness and recruitment. Support staff can be a great help here. They are ideally placed to help promote the service and explain the benefits to patients, and can help to recruit patients. The first step, therefore, is to market a new service to the pharmacy staff. They need to understand what the service entails and which patients it will be appropriate for. They must also be motivated to help sell the service.

Involving your staff in this way has benefits for them, for patients and for the business. For the staff, it provides an interesting new aspect to their job and allows them to use new skills. It is beneficial to patients in that they tend to have a good rapport with the counter staff and are likely to feel comfortable asking any questions they may have about the service. The business benefits from the efficient use of manpower.

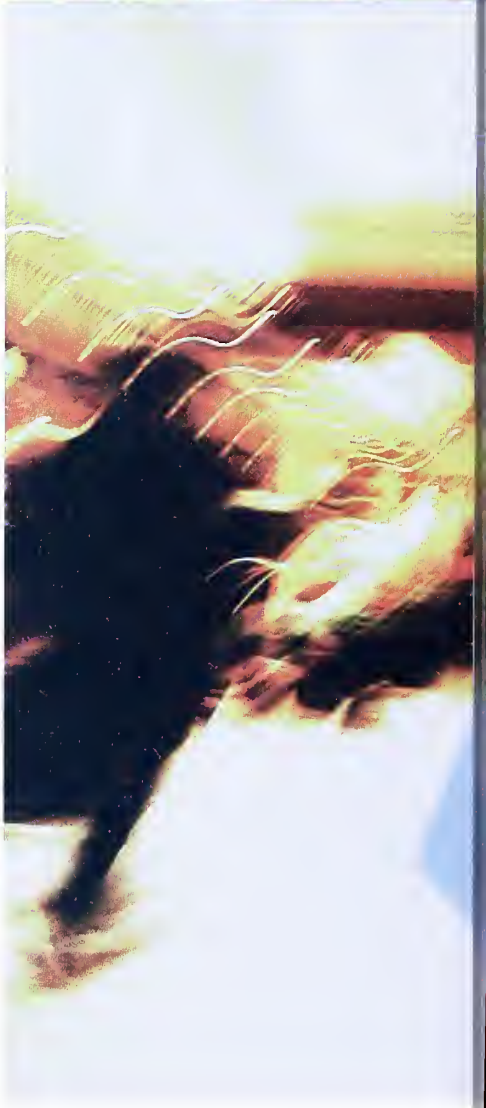
Awareness can also be increased by use of window displays and in-pharmacy posters and leaflets. Another approach is to promote services by putting leaflets in prescription bags – these can be targeted towards patients taking specific medicines and so can tailor advertising to the type of patient the pharmacist wants to recruit. Pharmacy staff could also be encouraged to discuss a specific service as they hand out dispensed prescriptions.

Novel methods can also be considered. For example, pharmacists have reported how they increased awareness of their emergency hormonal contraception service by advertising on the back of pub and club toilet doors.

Recruitment for MURs and other services

Some pharmacists like to have an appointment system but this does not always work. Clearly it is a waste of time if the patient does not turn up when all the paperwork is ready for the consultation. There is perhaps little that can be done to avoid this, but some pharmacies do now telephone or send a reminder text to patients on the day before the appointment.

An alternative approach is to carry out an MUR/medication review on an opportunistic basis, ie to identify suitable patients as they hand in their prescription and offer to do the review while they are waiting for their medicines to be dispensed. This allows pharmacists to approach patients only when they know they have time to do the review. the pharmacist is too busy, they can wait for another occasion.



CASE STUDY

Jonathan Burton

Networking with health care professionals is important as it helps you grow your reputation. We recruited customers to a travel health advice service by advertising our specialty to local practice nurses who ran travel clinics.

Patient recruitment for minor ailments services, such as e-MAS in Scotland, rely heavily on support staff interaction with patients. Prompting techniques can be of help, such as marking prescription bags with an "e" symbol for exempt patients not already registered for the service. Counter staff are then aware exactly which patients to approach as prescriptions are handed out.

Providing patient information

Providing good quality patient information should lead to better understanding of pharmacy services and better uptake.

Key points to remember if pharmacists are producing their own patient information material are to:

- Check the facts.
- Use all available resources when putting it together.

Ask someone to proof read it.

Check the style used by health writers in consumer magazines to encourage readers.

It is helpful to personalise material by including the pharmacy, pharmacists and staff names.

It is important to tailor the wording towards the intended audience. Patients may well be confused about what the pharmacy is offering and how this differs from what their GP does. It is also worth highlighting the fact that a service is free.

If the pharmacy is in an area where there is a high proportion of non-English speakers, it might be worth considering translating the leaflets. The local health board/PCT might be able to help with this. However, before expending effort on this you should remember that certain languages may be more widely spoken than read. Verbal translation services are also sometimes available locally.

Rather than producing leaflets in different languages, another possibility might be to join forces with local communities to run health awareness events.

It is also worth taking advantage of the free patient information material available from the local health promotion service. It can be a good idea to appoint a member of staff to be the liaison person who makes sure the pharmacy leaflets/posters are up to date and that you are aware of any forthcoming training courses.

PCTs and health boards will also produce patient information, particularly in relation to public health campaigns and for "signposting".

Touch-screen information points such as Healthpoint are becoming increasingly popular and can enhance the service offered by the pharmacy. They can be a tool for engaging patients' interest in disease areas or medicines and are a good source of visual and printed information when counselling patients.

KEY ACTIONS

- Encourage support staff to help market pharmacy services to patients.
- Remember that marketing is not just about advertising – how the service is delivered is important.
- Be aware of the patient information literature available from the local health promotion units.
- Make sure pharmacy staff know what patient leaflets are in the pharmacy and that they use them – there is a tendency for leaflets to sit on a shelf and gather dust.
- Think about simple and effective methods of promotion such as including window displays and targeted leaflets.

About the author

Jonathan Burton
Jonathan Burton is a community pharmacist in Stirling, and a director and superintendent pharmacist for a small group of pharmacies in Central Scotland. He is a member of the Community Pharmacy Working Group.

Conclusion

Putting time and effort into marketing your services will bring more customers into the pharmacy, and should help lead to improved patient outcomes. It will also be good for the business, maximising access to new income streams.

Sources of information

- DoH book for patients "Medicines Use Review: Understand your medicines".
- PCOs' "signposting" directories.
- NPA marketing tools for pharmacists.
- LPC and PSNC information on recruitment for MURs.

This article is supported by GlaxoSmithKline

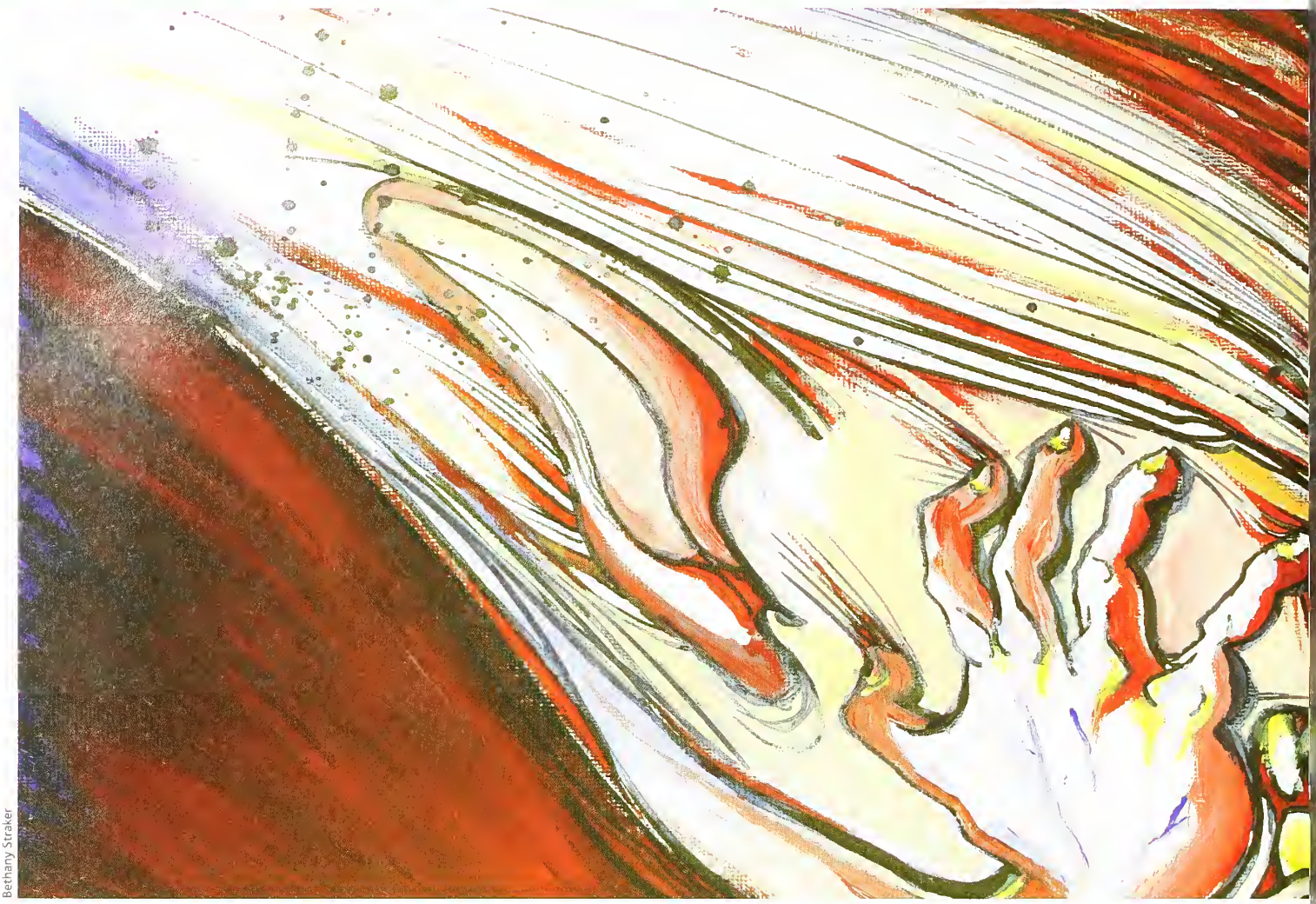
The marketing mix

This article has considered how you can interest patients in new pharmacy services. This requires consideration of marketing and what is commonly known as the "marketing mix". Initially described by McCarthy as the 4Ps (price, place, product and promotion), the mix is now often extended to include a 5th P: people. The idea is that the various aspects are "mixed" so that both organisational and customer needs are met.

In the context of new pharmacy services, the marketing mix can be seen as:

Price – free (to the customer) in relation to NHS services.
Place (where the service is provided) – the pharmacy.
Product – the service you are offering and how this meets your customers' needs.
Promotion – by your staff and through use of promotional leaflets and advertising etc.
People – your staff, who will be key to raising awareness of the pharmacy services.

Reference: *McCarthy J. Basic marketing: A managerial approach. 13th ed. Irwin, Homewood Il; 2001.*



Bethany Straker

A lot more than a headache

Pharmacists' support for POM to P switches may not always be wholehearted, but the recent sumatriptan switch is a professional and business opportunity not to be missed

Steve Bremer

Migraine treatment is a category that could be shaken up like no other by a POM to P switch. June's launch of Imigran Recovery (sumatriptan) is set to boost the flagging OTC migraine relief market and give pharmacists' professional satisfaction and reputation a significant lift.

Prior to June, migraineurs' OTC options had been limited largely to a selection of general analgesics and good advice from their pharmacist. But while leading analgesic brands increasingly turn to stronger, faster-acting and more specialist products, consumers are becoming more demanding as they develop a better understanding of their condition through increased coverage of migraine in the media.

Imigran Relief filled a gap in the market, as perceived by both patients and pharmacists. This POM to P switch was welcomed by 88 per cent of pharmacists, 73 per cent of whom expressed dissatisfaction at existing OTC treatments.

It is still early days for this new P product, but Chris Holland, senior brand manager, pain portfolio at GlaxoSmithKline, says it has received a "positive reaction" from pharmacists and there has been an "overwhelming" response to the training, with more than 12,500 pharmacists and pharmacy staff responding to the training initiatives.

All regional pharmacy training seminars have been fully booked, with the three London seminars oversubscribed. Consumers are also keen to find out more, making thousands of visits to www.ImigranRecovery.com

It is too early to provide any sales data, says Mr Holland. "But with such positive pharmacy feedback and significant investment in pharmacy training, to help ensure appropriate recommendation of the product, we are optimistic about the brand's future success."

There is further significant marketing activity to come, with consumer advertising and in-store activity which will run from now through until the end of the year. This investment is expected to drive awareness of the product.

> ...migraineurs' OTC options had been limited largely to a selection of general analgesics...

Pharmacists have also been impressed with the migraine questionnaire that should be used prior to Imigran sales, says Mr Holland. "The response from pharmacists has generally been that the questionnaire allows for a comprehensive migraine consultation and ensures that all potential areas of concern are covered without a fuss. Once familiar with the questionnaire, pharmacists have been impressed with the simplicity of assessing answers. Overall, pharmacists feel well supported and more confident with the questionnaire than without one." Most pharmacists welcome tools that simplify the longer consultation necessary for newly switched products, says Mr Holland.

Patients' response to the questionnaire will depend on each pharmacy's individual approach, but they did not find a pre-launch version a barrier. Some patients felt the online version at www.ImigranRecovery.com was extremely useful, as it could be completed prior to visiting the pharmacy.

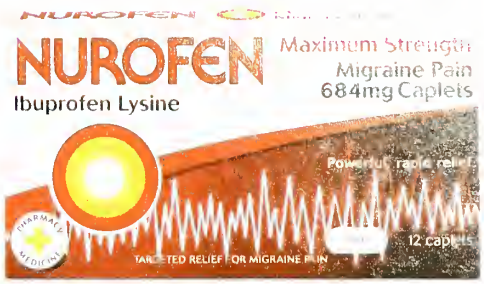
Previous POM to P switches have seen a positive impact on prescription numbers for the POM

Self-help for migraine

Around 5.5 million adults in Great Britain suffer from migraine, with an average frequency of up to 26 times per year, according to a Nurofen survey. Currently 35 per cent of migraineurs seek pharmacist advice (and this is likely to increase). And 60 per cent of migraineurs treat with OTC medicines, while 38 per cent prefer a specially designed product for migraine.

Nurofen will be continuing its heavyweight television advertising campaign throughout the remainder of the year, says Lisa Cooper, Nurofen brand manager.

Reckitt Benckiser, tel: 01482 326151



Tools of the trade

Pfizer has launched an interactive website (www.migraine-advice.com) that works in conjunction with healthcare professionals to help migraine sufferers monitor and manage their condition. It includes tools such as a symptom checklist which can be printed and taken to a GP to aid diagnosis. Those that register will receive a comprehensive information pack that will provide advice and tips on prevention and how to identify the warning signs of an attack.

Group marketing manager at Pfizer Consumer Healthcare, Darius Hughes, comments: "Migraine is a common condition, which has been identified and treated successfully within the pharmacy setting for years. With today's busy consumers opting for self-medication, and with pharmacy as first port of call, we are investing significantly to ensure that pharmacy continues to play a key role."

Pfizer Consumer Healthcare, tel: 01304 616161

The migraine market

The pharmacy OTC migraine relief market is worth just over £3.54 million for the year to the end of June, out of a total adult pain relief market worth almost £93.39m. Sales of migraine relief products through pharmacy have declined by 4.4 per cent since last year. Independent pharmacy is the biggest channel for migraine products although all channels have seen declining sales. It is still too early to measure the impact of Imigran Relief on the market.

Top 10 brands, by pharmacy sales, for the year to June are shown on the right.

Brand	MAT (£)	Change (per cent)
1. Migraleve	2.6m	-3.4
2. Kool 'n' Soothe	335,000	-7.2
3. Nurofen Migraine	326,000	-19.5
4. Midrid	97,172	508.9
5. Mentholatum Migraine Ice	79,000	-21.7
6. Migrastick	42,826	-28.6
7. Koolpatch	10,426	-31.5
8. Solpadeine Migraine	13,698	n/a
9. Imigran Recovery	8,836	n/a
10. Health Aid Feverfew	7,184	36.4

All data supplied by IMS Pharmatrend. Does not include Boots and Superdrug.

Alternative choices

There is some evidence that the following alternative therapies have some efficacy in the treatment of migraine, according to the Migraine Action Association:

- Acupuncture
- Homoeopathy
- Manipulative therapies
- Physical therapies
- Relaxation
- Vitamins and minerals
- Herbal remedies
- Allergy tests
- Dental work
- Tinted lenses

Anadin gets £6 million support

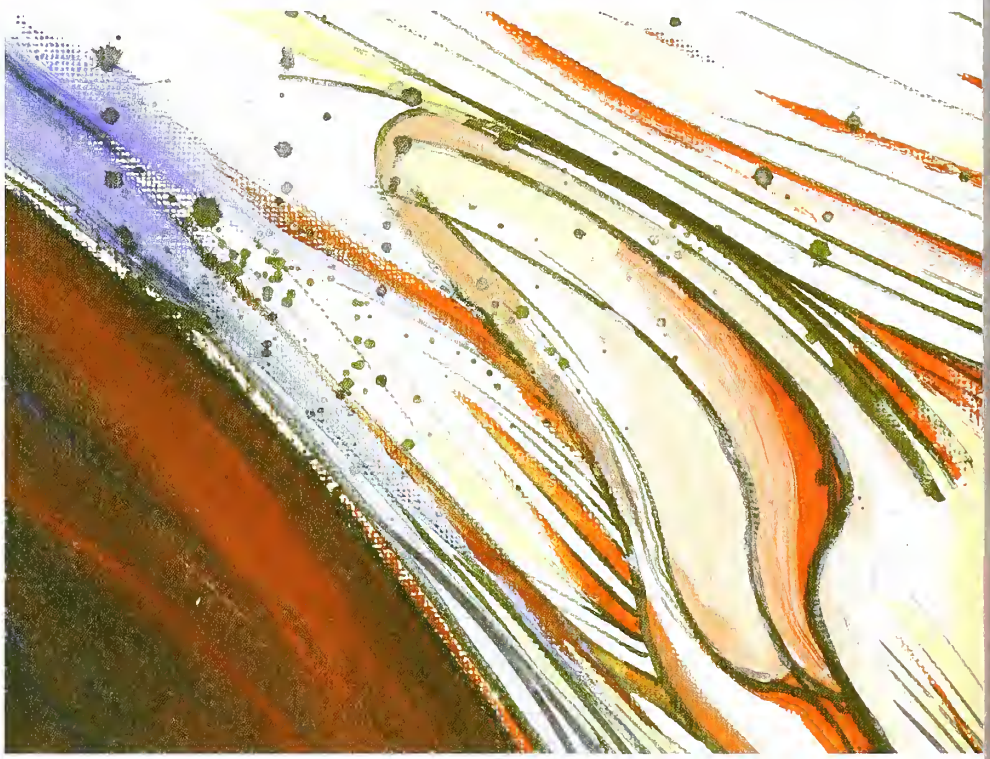
Wyeth Consumer Health has announced a £6 million marketing drive in support of its latest launch: Anadin Ultra Double Strength 400mg Capsules.

The campaign includes a new TV advert that will screen in September and run until the end of the year, a new website featuring the revamped packaging that runs across the entire painkiller range, and point of sale material and counter display units for pharmacies.

The new pharmacy-only product is suitable for back pain, joint pain, muscle ache and migraine. Each capsule contains 400mg ibuprofen in a liquid formulation, which – according to Wyeth – can get to work twice as fast as standard ibuprofen tablets and provides up to eight hours' analgesia.

For more information see Pricelist.

Wyeth Consumer Healthcare
Tel: 01628 669011



version, due to increased brand awareness and more referrals from pharmacists because of the nature of the consultations they are having with customers. But the sumatriptan switch is a little different, as 60 per cent of migraine sufferers do not consult a doctor and miss out on the opportunity to receive a triptan on prescription.

OTC sumatriptan will widen access to migraine sufferers, making it more convenient for them to acquire a treatment as and when they need it.

GSK expects a period of market exclusivity for Imigran Recovery. "It comes to market after a long period of planning and preparation and therefore we do not anticipate a competitor product in the immediate future," says Mr Holland. And it does not expect any other triptans to be switched in the immediate future. "GSK is not aware of any other drug within the class that will have a P licence."

Market reaction

Rather than simply take sales away from other migraine products, Imigran Relief could boost the category as a whole, believes Darius Hughes, group marketing manager at Pfizer Consumer Healthcare. The launch has renewed interest in the migraine category, says Mr Hughes, and Pfizer's Migraleve has gained from this. "Migraleve has benefited from the renewed interest because it is the only first line analgesic specifically designed to treat the two main symptoms of migraine – headache and nausea," he says.

Pfizer continues to invest in pharmacy support. "With today's busy consumers opting for self-medication, and with pharmacy as first port of call, we are investing significantly to ensure that pharmacy continues to play a key role in the management of consumers' migraines," says Mr Hughes. "Our marketing campaign includes a migraine toolkit, trade advertising, direct mail, a competition, training for pharmacy assistants and illuminated signage outside 500 pharmacies across the UK."

Although it is still too early to understand the impact of OTC triptans on the market, Lynne Henshaw, Numark's OTC marketing controller, predicts that this premium product will boost a currently flat market.

Ms Henshaw points out that while almost 15 million people in the UK claim to suffer from migraines, only 5.9m people actually suffer from ▶

Top of the charts

GlaxoSmithKline Consumer Healthcare launched Solpadeine Migraine Ibuprofen and Codeine Tablets in February. This marks the latest line extension to the Solpadeine range and the strengthening of the pole position of Solpadeine Plus as the number one selling pharmacy-only pain relief brand in the UK.

Solpadeine Migraine is expected to appeal to migraine sufferers who respond well to treatment with analgesics but who do not suffer from migraine-related nausea. Although Solpadine Migraine will capitalise on the core brand's strengths and heritage, it has its own distinct grey and silver packaging.

GSK believes that the launch of Solpadeine Migraine will encourage trade-up, providing the opportunity to purchase a high efficacy and indication-specific product from a trusted brand – adding value to the category.

Solpadeine Migraine is benefiting from an £800,000 dedicated television ad. This forms part of a £2.7 million annual support package for the Solpadeine brand.

GlaxoSmithKline Consumer Healthcare, tel: 020 8047 5000

rue migraine. Therefore pharmacy staff must be able to accurately identify migraine symptoms before recommending the appropriate treatment.

"Triptans may not be suitable for every patient," says Ms Henshaw, "therefore the traditional use of analgesics will still be required to alleviate some of the pain and discomfort caused by migraine." Some patients will still choose analgesics out of preference or convenience, but POM to P switches are the way forward.

"POM to P switches are fantastic news for us as they are exclusive to pharmacy," says Ms Henshaw.

Migraine Facts

- About six million people in the UK suffer from migraine.
- Nearly 70 per cent of sufferers are women.
- The World Health Authority rates migraine among the 20 most disabling lifetime conditions.
- 60 per cent of suffers do not consult a doctor about their condition.
- Up to 25 million days off work or school are lost each year due to migraine in the UK, at an estimated cost to the UK economy of nearly £2 billion.
- 42 per cent of migraineurs were dissatisfied with OTC treatments prior to the launch of Imigran Recovery.
- 45 per cent of migraine sufferers miss family, social and leisure activities due to symptoms.

"They are, however, hugely expensive for suppliers to launch. Many switches lately have been disappointing in terms of consumer uplift. It is vital therefore that we, in independent pharmacy, get behind the launch of sumatriptan."

Zap away migraine pain

A novel electronic device designed to "zap" away migraine pain has been found to be effective at interrupting the aura phase before it leads to headache. Initial studies have found that the transcranial magnetic stimulation (TMS) device cured headache in 69 per cent of patients compared to 48 per cent of those using placebo. Patients also reported a significant reduction in nausea, noise and light sensitivity post treatment.

The TMS device sends a strong electronic current through a metal coil, which creates an intense magnetic field for about a millisecond. This magnetic pulse creates an electric current in the neurons of the brain, interrupting the aura before it results in a headache.

Dr Youseff Mohammed, a neurologist who presented his finding at the American Headache Society's annual meeting, says: "Perhaps the most significant effect of using the TMS device was on the two hour symptom assessment, with 84 per cent of the episodes in patients using the TMS occurring without noise sensitivity. Work functioning also improved, and there were no side effects reported."

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Steve Dunn *Group Managing Director, AAH*	**Delivering the new contract**
Simon Colebeck *Managing Director Numark*	**The future for independents**

October 16

Running from 11am

Dave Wendland *Vice President, Hamacher Resource Group*	**Enhancing the consumer shopping experience**
Kirit Patel *Chairman, Day Lewis Pharmacies*	**Effective Pharmacy Business Management**
Alistair Buxton *Head of NHS Services, PSNC*	**The new contract – lessons learned so far...**

**Please note, seminar programme is subject to change. Please watch The Pharmacy Show website for updates*

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Tsunami boat relief

Barbara Parsons, PSNC's head of pharmacy practice, who was in a beach cabana in Tangalle, Sri Lanka when the tsunami struck on December 26, 2004, (C+D, April 2005, p42) reports a happy outcome to her Ambalangoda fishing boat appeal.

LPCs, PSNC, colleagues, pharmacists and readers of C+D have raised £5,000, a significant proportion of the cost of a fishing boat for six families in Ambalangoda, who lost their homes and livelihood when the waves engulfed their town.

"The 32ft fibreglass mini trawler has been built to international standards in the local boatyard in Beruwela," Ms Parsons told C+D. The engine and nets were sought separately and once the vessel was put on the water, the tanks had to be lined and the cabin built and equipped with a satellite and radio.

"Sea trials last month went well and I am delighted to announce that the first catch of five metric tons of fish was sold," she said. "This has provided the families with enough money to live on for a month. They are now refuelling and restocking the boat, which can go out for 14 days at a time. August is a good month for fishing."

Appointments

PillBox Chemists, the regional group of independent pharmacies, has appointed Ketan Amin, right, as non-executive director of operations. Mr Amin is a pharmacist and also has an MBA from Bath University.

Stephen Lewis has joined Actavis as retail and dispensing doctor sales manager. Reporting to him are Umesh Jani, Corinne Shiel and Gareth Rhind, who join the company as part of a major expansion of the generics sales team.

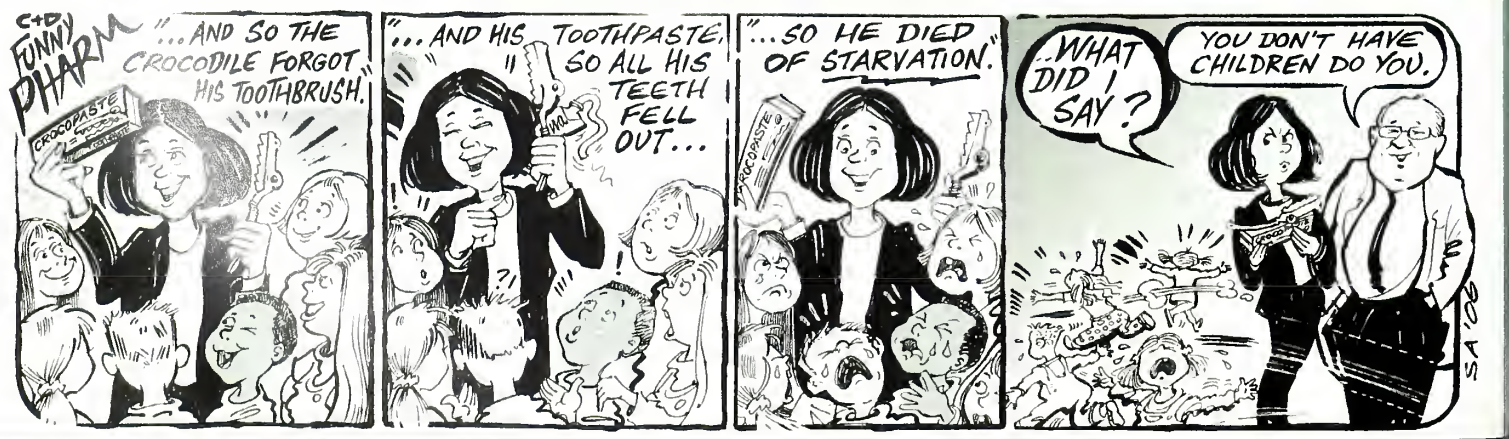
Anna Murphy, a pharmacist at the University Hospitals of Leicester NHS Trust, has joined a 19-strong panel advising on the development of a National Service Framework for the treatment of chronic obstructive pulmonary disease.

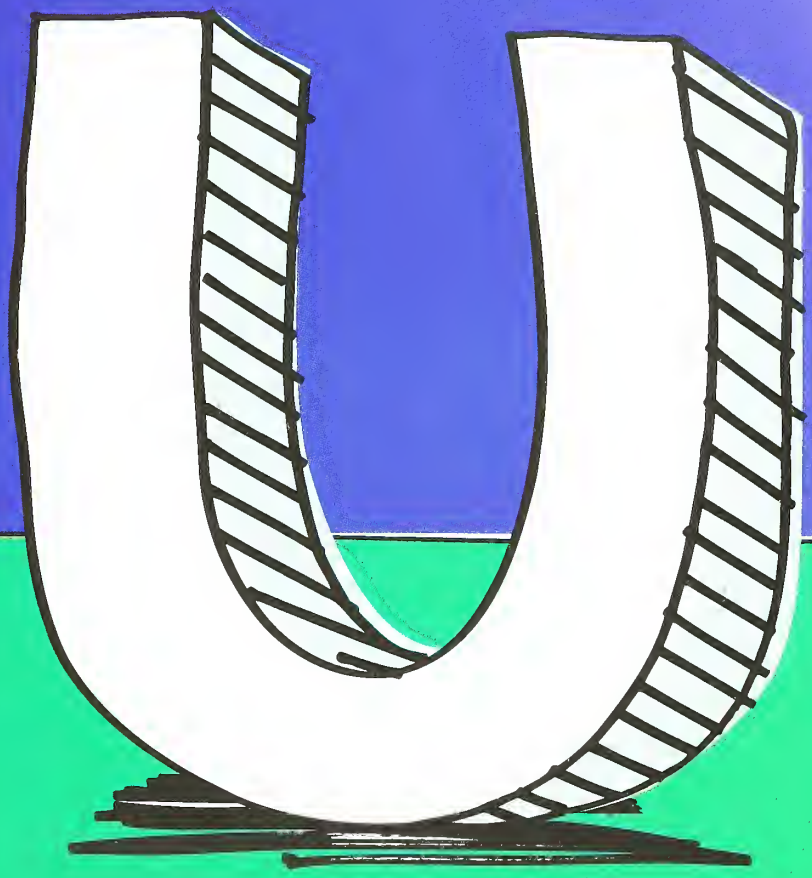
MTS Medication Technologies has appointed David Teasdale as director of strategic business development. He will initially focus on driving sales of MTS's MedLocker, a computer-controlled lockable cabinet that remotely allows access to prescribed medicines.

PillBox BBQ set to become regular event

A regional group of independent pharmacies has held its first summer barbeque for staff and their families. More than 70 people gathered at Wellington Country Park near Reading for PillBox Chemists' inaugural event, enjoying food, drinks and a few innings of cricket.

Davinder Virdee, owner and managing director of PillBox Chemists, which has nine branches primarily along the M3 corridor, said: "The event was a great opportunity to get away from the day to day and just relax, enjoy some great food and drink and simply have some fun with our colleagues and families. We'd like this to become a regular event each year, so look out for the second PillBox barbeque next summer."





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References: 1. Clinical trial with tension headache sufferers, 2005. Data on file.

www.4headaches.co.uk